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TORONTO, OCTOBER, 1942

THE CANADIAN HOSPITAL

· OFFICIAL JOURNAL · CANADIAN HOSPITAL COUNCIL ·

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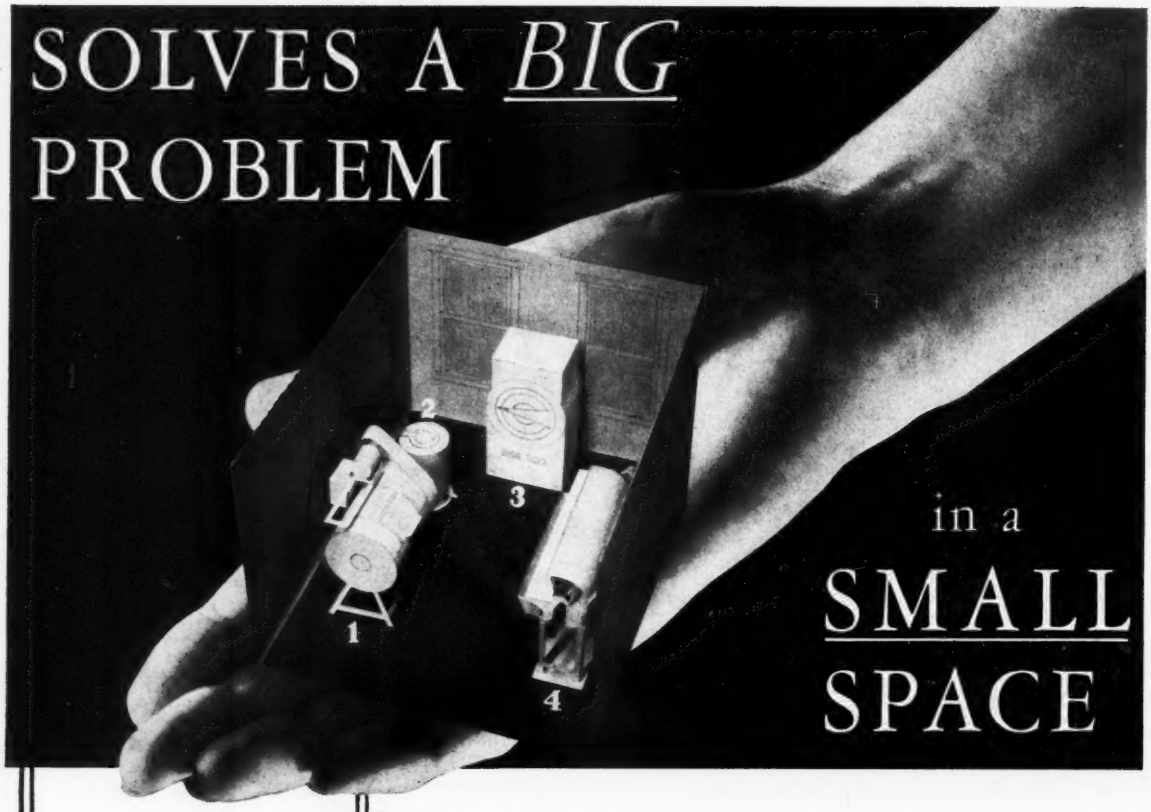

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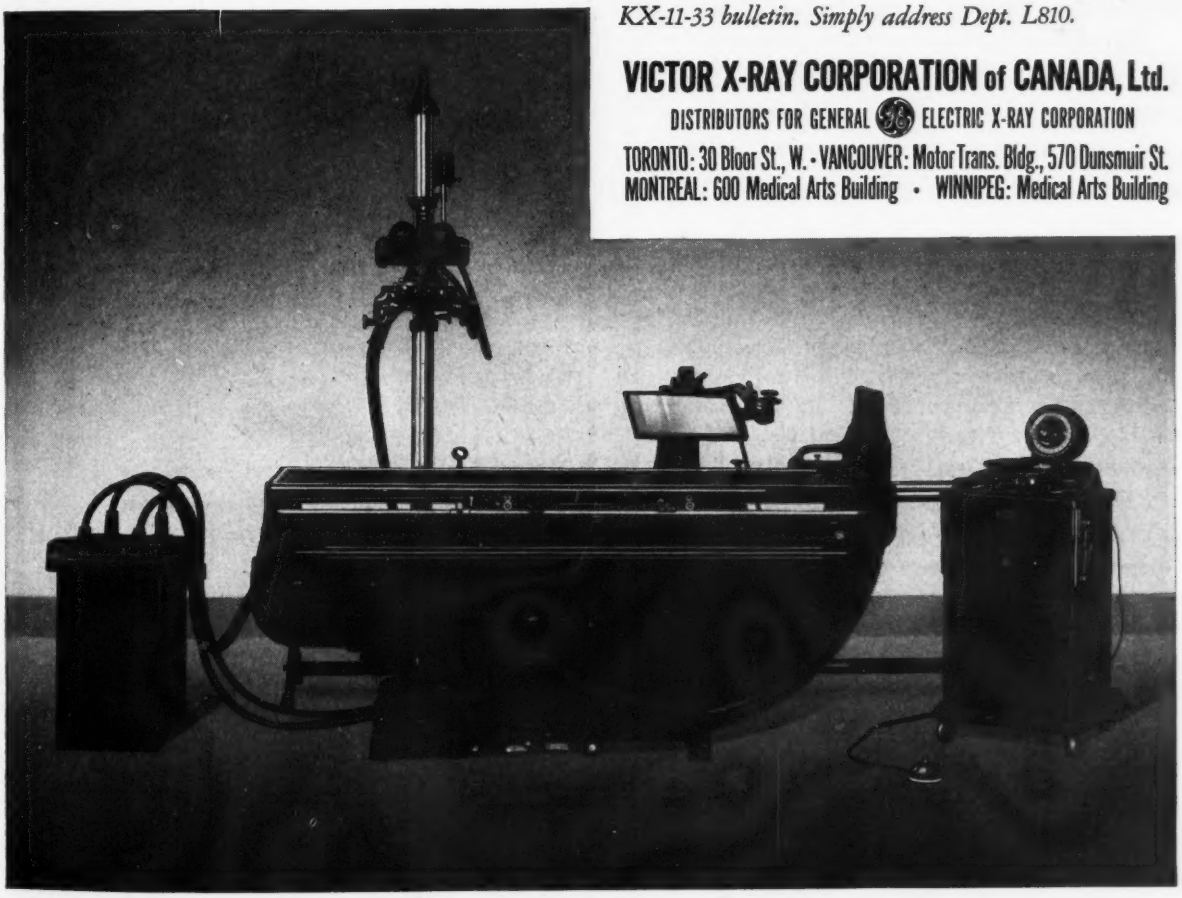

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"The Canadian Hospital"

Official Journal of the

Canadian Hospital Council

OCTOBER, 1942

CONTENTS

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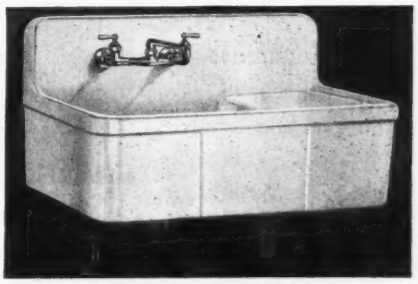

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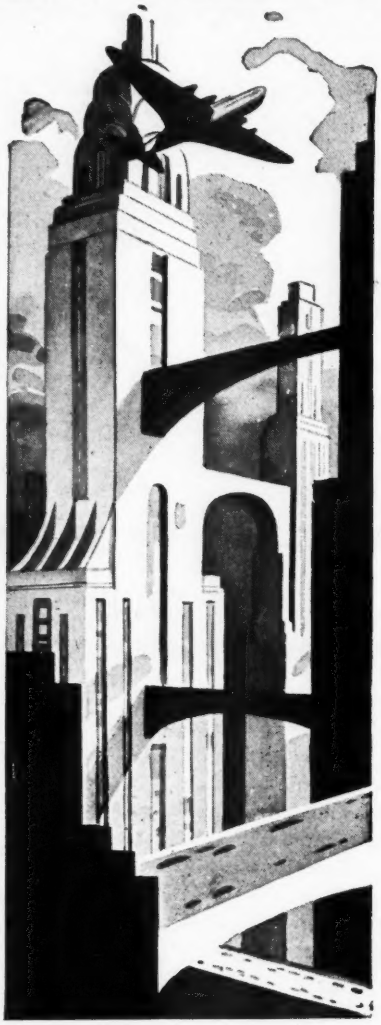

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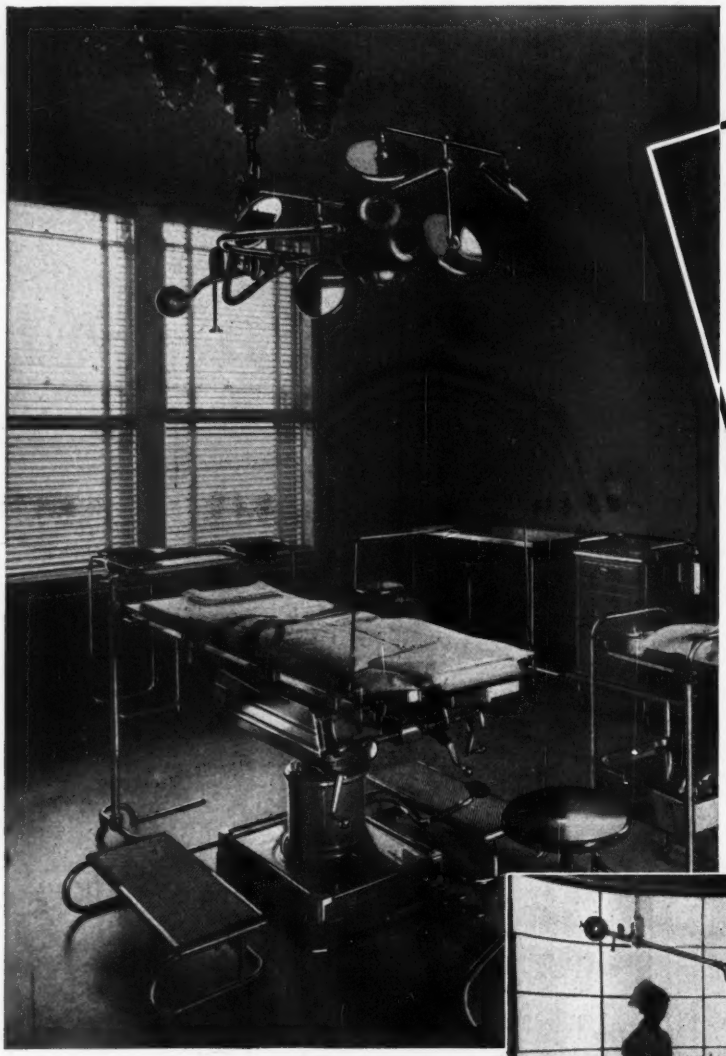

EQUIPMENT by Scanlan-Morris

Above. Operating room, St. Nicholas Hospital, Sheboygan, Wisconsin, equipped with explosion-proof Operay Multibeam light, Scanlan-Morris operating table and surgical furniture.

Right. Delivery room, St. Mary's Hospital, Long Beach, Calif., equipped with Operay Surg-O-Ray light and Scanlan-Morris delivery table.

Above. Sterilizing room, Mt. Carmel Mercy Hospital, Detroit, Michigan, equipped with Scanlan-Morris recessed sterilizing apparatus.

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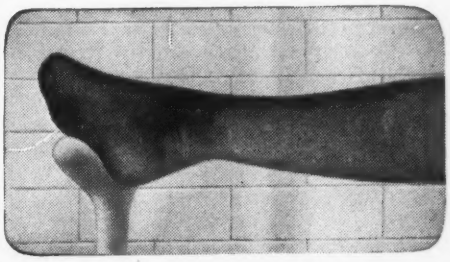
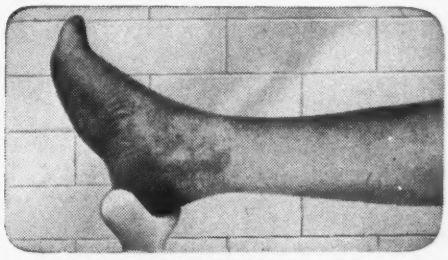
The affected leg showed two small ulcers, one 1″ diameter, the other ¾″ diameter. An 'Elastoplast' bandage was applied on the 24th January. In fifteen days the small ulcer was healed. Another 'Elastoplast' bandage was applied with a back strip. A week later the condition was much improved and the patient could walk with ease. The treatment was repeated.



Condition of Leg, 24th January.



Condition of Leg, 7th March.

On the 7th March both ulcers were healed and a 'Viscopaste' bandage was applied for after-care.

☆ *The details above are of an actual case. The illustrations are made from photographs taken of this case. In the belief that such authentic records may be of general interest, the manufacturers of 'Elastoplast' are publishing these instances typical of the many in which their products have been used with outstanding success.*

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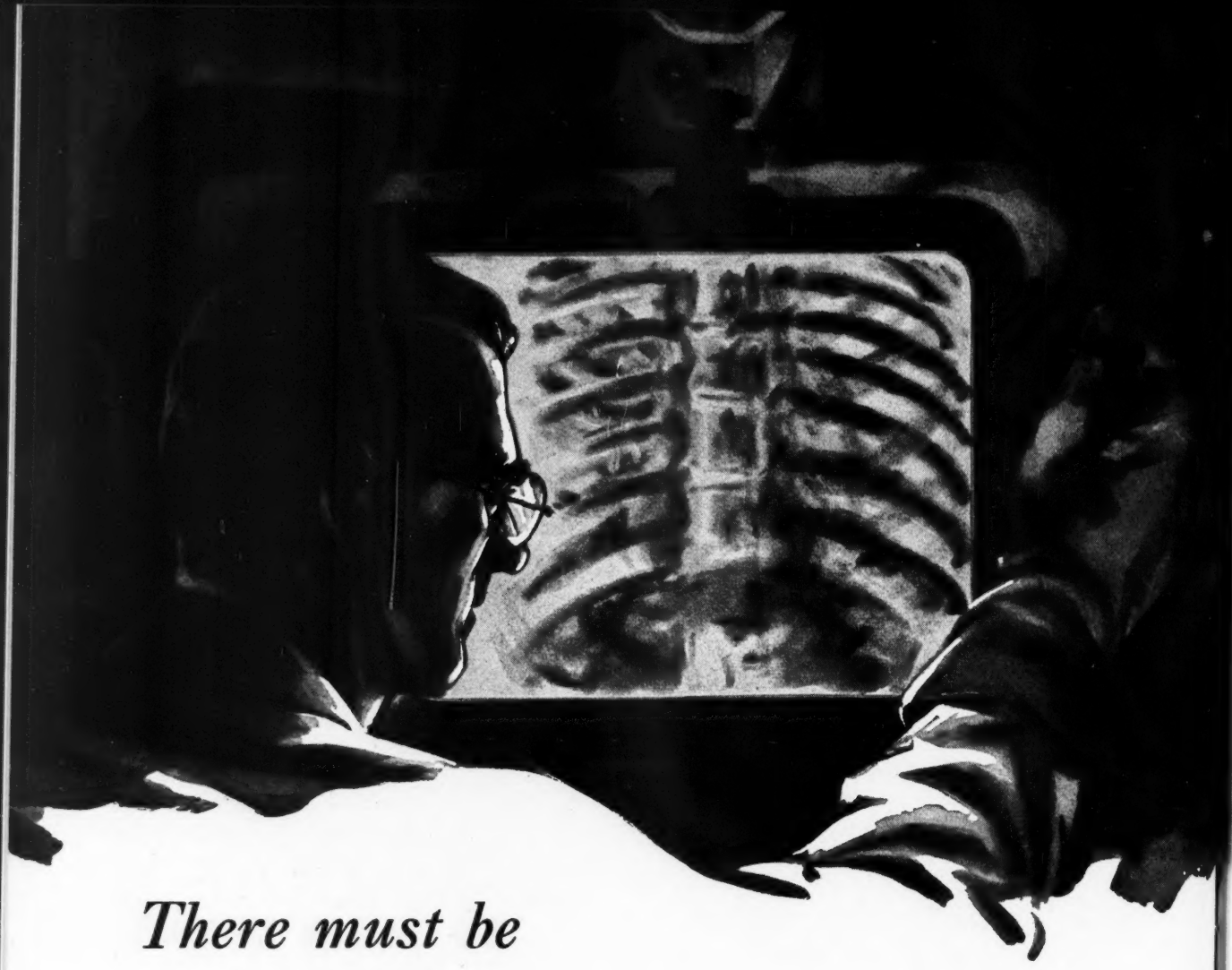

There must be

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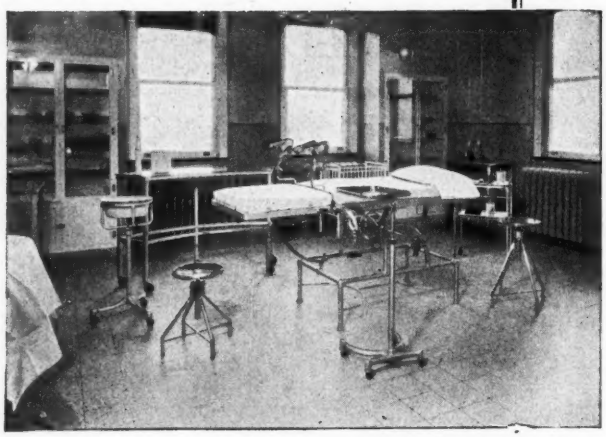

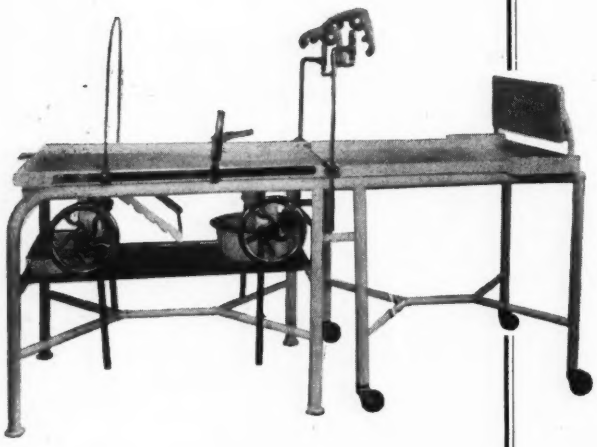

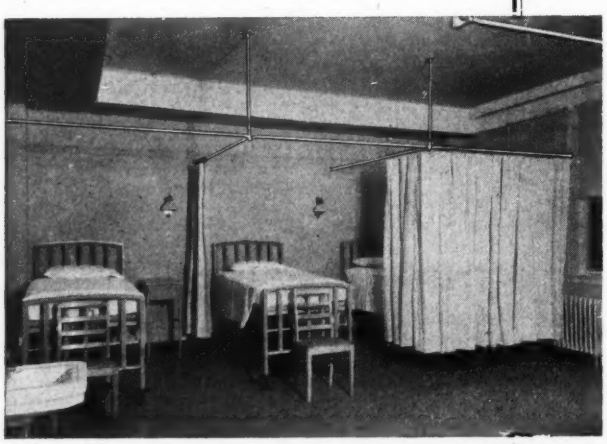

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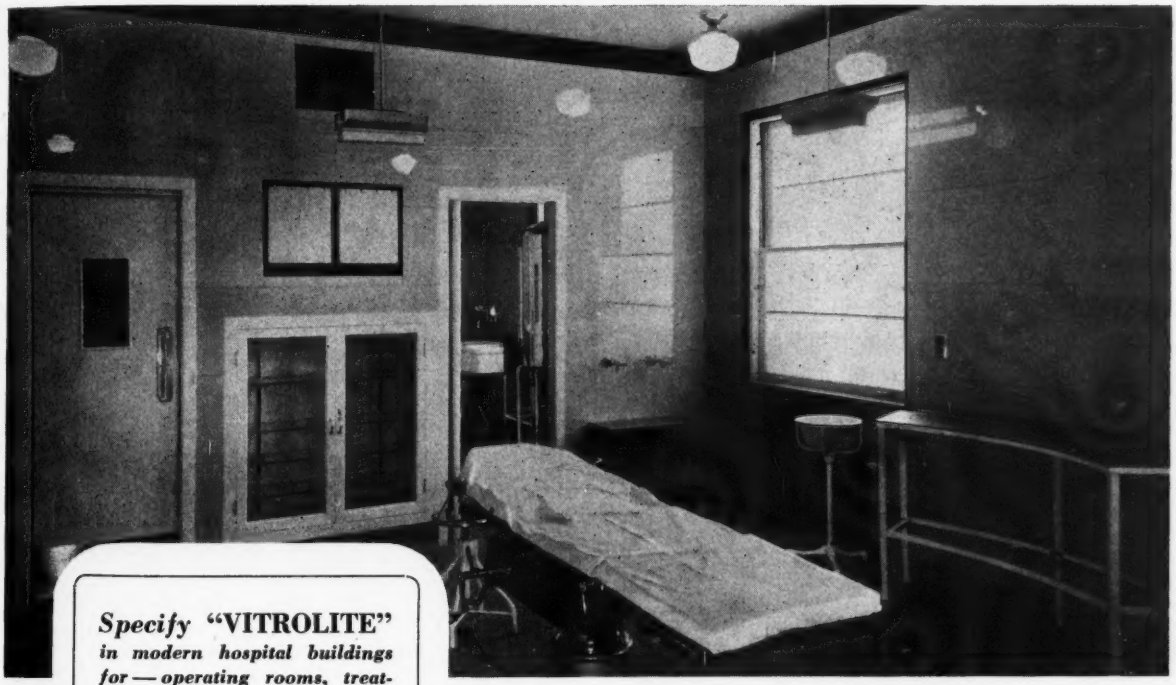

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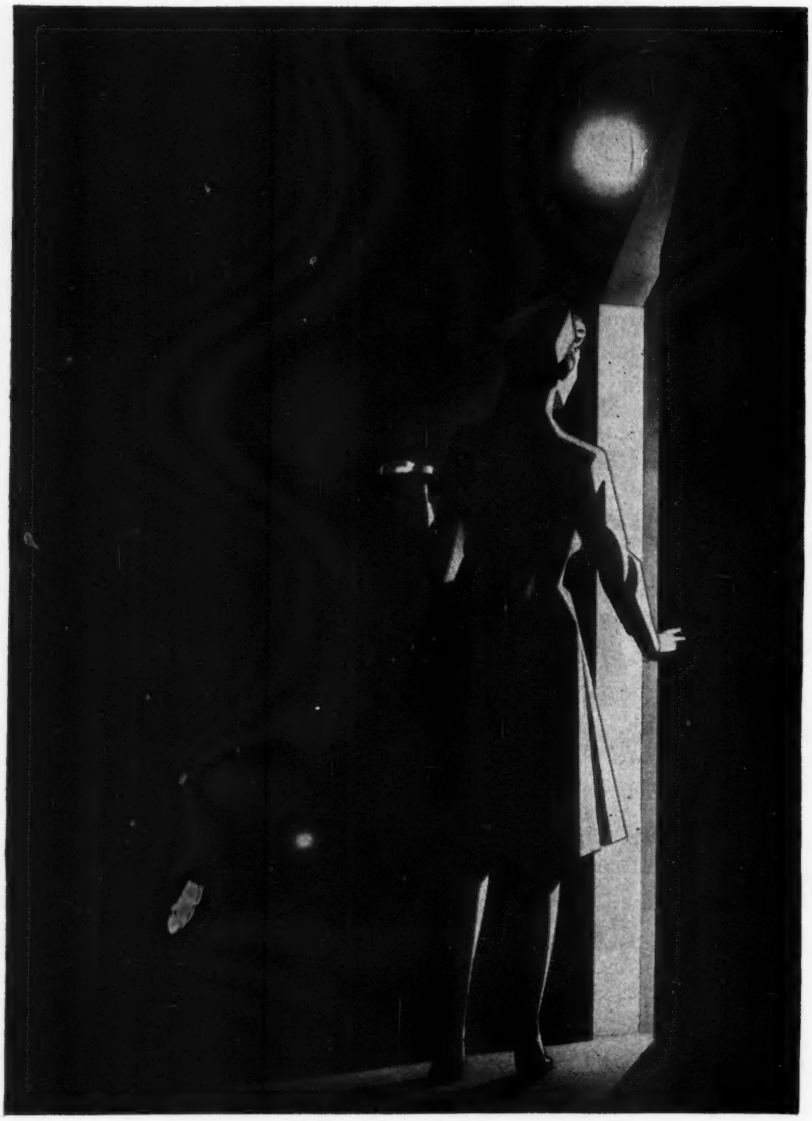

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LEASIDE (TORONTO) ONTARIO

Harvey Agnew, M.D., *Editor*

The CANADIAN HOSPITAL

Toronto, October, 1942 Vol. 19 No. 10

Principles of Health Insurance Adopted by Canadian Hospital Council

Presented to Federal Committee as Sound Basis for Participation of Hospitals

FOR some months the Canadian Hospital Council has been giving considerable thought to the possible effect of any fairly inclusive plan of health insurance upon hospitals and the work which they are doing.

When it became apparent that the federal government was making a study of this subject and was considering the drafting of a possible Act, the Committee on Health Insurance of the Canadian Hospital Council undertook the preparation of a series of principles respecting general health insurance as it relates to hospitals. By such action the relationship of the hospitals to any plan would be clarified and there would be greater opportunity for such principles to be embodied in any measure presented to the House.

Earlier in the year the Committee consulted the various hospital associations in Canada respecting their views on various features of this hospital relationship to health insurance. An endeavour was then made to weave these regional views into a composite whole. The task was not a difficult one, for quite a degree of unanimity was evident on most factors affecting hospitals.

On May 29th representatives of this Committee were invited to meet the Federal Advisory Committee on Health Insurance sitting at Ottawa under the chairmanship of Dr. J. J. Heagerty, Director of Public Health Services, Department of Pensions and National Health. The Canadian Hospital Council was represented at this conference by Dr. George F. Stephens, President; Mr. J. H. Roy, Montreal; the Rev. F. J. Brennan, London, and Dr. Harvey Agnew, Secretary.

The hospital representatives were given every opportunity to present their interpretation of the composite views of the hospitals. In addition to submitting principles for the information of the Federal Advisory Committee, the hospital representatives were requested to submit further recommendations with respect to a number of details which might be covered in the regulations to supplement any measure which might be drawn up. This request has since been receiving the attention of the Committee. The hospital spokesmen were congratulated at the conference mentioned above on being the first national organization to have formally presented their views to the committee.

It will be noted that the principles are intentionally broad in their recommendations, as it was considered desirable, at this stage, to deal with general recommendations only and to a minimum extent with specific details. It will be noted also that the interests of the voluntary, non-profit hospitals have been especially considered.

(*Principles on next page*)

PRINCIPLES OF HEALTH INSURANCE

As approved by the Executive Committee of the CANADIAN HOSPITAL COUNCIL

1. That, in view of the limitations of the B.N.A. Act, it would seem advisable in the beginning to have general health insurance introduced on a provincial basis but so influenced by a federal enabling act providing certain financial assistance under stipulated conditions that ultimately it might be possible to unite all provincial plans in a common nationwide plan.

2. That the direction of the Plan be kept strictly non-political. While this may be most consistently obtained through an independent non-political Commission, federal or provincial as the case may be, it may be achieved by placing the Plan under the Minister of Health provided the special committees outlined in Section 3 are given adequate executive powers.

3. That under and subject to the Commission or the Minister of Health there be established special committees to deal with hospital, medical, nursing and other details respectively. On such hospital committee there should be representation of either the provincial hospital association or the Canadian Hospital Council, as the case may be.

4. That the development of preventive medicine be made one of the major provisions of any legislation adopted. To this end there should be close co-operation and co-ordination of effort between the Commission or other controlling body and the federal and provincial departments of health.

5. That, if any general advisory council or board be set up, the provincial or the national hospital organization be represented, as the case may be.

6. That, except by special arrangement, the hospitals eligible to receive insurance patients be those recognized by the provincial governments as "public" hospitals; i.e., either non-profit voluntary hospitals (lay or religious) or municipally-owned hospitals.

7. That voluntary non-profit hospitals be utilized provided they conform to the standards of service stipulated by the Commission or other directing body.

8. That the hospital benefit shall include:
   (a) General ward care;
   (b) Necessary drugs, dressings, appliances;
   (c) Operating room and case room;
   (d) Necessary diagnostic procedures;
   (e) Physiotherapy and occupational therapy, where deemed necessary;
   (f) Special nursing, only where such is definitely essential;
   (g) Hospital care to ambulatory patients;
   (h) Such other hospital provisions as are approved by the controlling body.

9. That the danger of relapse and of prolonged incapacity be minimized by providing necessary convalescent care within reasonable limits.

10. That any national or provincial form of general health insurance make provision for adequate care of those suffering from tuberculosis, of those chronically ill and of those with incurable conditions.

11. That the hospitalization of indigents be provided under the Plan, such to receive the same care as other members.

12. That dependants of insured individuals must be included.

13. That hospitals receive adequate remuneration from the Insurance Fund to
   (a) ensure efficient treatment of patients, commensurate with present-day standards;
   (b) meet actual cost of providing hospitalization;
   (c) provide reasonable allowance for depreciation and expansion of essential facilities;
   (d) permit desirable teaching and educational work.

14. That remuneration to hospitals should be on a basis which would be fair and equitable to all parties concerned. This remuneration should be based upon the fact that costs of operation vary and are particularly affected by the provision of special equipment, specialized departments and the expert personnel required therewith.

   The method of choice would seem to be the provision of a basic rate for general care, which might vary within a reasonable limit, plus payment for special diagnostic or therapeutic procedures or items upon an acceptable schedule of charges.

15. (i) That the Health Insurance Fund be supported by contributions from (a) the insured, (b) the employers and (c) the Government(s).
   (ii) In the case of indigents the Government(s) should provide the full premium.
   (iii) Where there is no employer, or the employer's portion cannot readily be collected, the Government(s) should contribute the employer's share.

16. That for those individuals not eligible for compulsory insurance, encouragement be given to the utilization of province-wide voluntary non-profit plans for the provision of hospital and other health care. Where possible existing plans should be modified to meet the altered conditions and such plans and their personnel used for this purpose, provided they conform to reasonable standards.

17. That patients have the right of selection of hospital, provided the patient comes within the categories accepted by that hospital.

18. That there be no interference with the accepted prerogative of the individual hospital to determine which doctors shall have the privilege of treating patients therein.
19. That there should be provision under the Plan for conducting scientific research.
20. That the position of the hospital and its personnel with respect to the divulgence of clinical data be clearly set forth.
21. That cash benefits be not a part of any health insurance plan.

The Committee on Health Insurance is as follows:

George F. Stephens, M.D., Chairman
Rev. Mother Allard
A. F. Anderson, M.D.
Rev. Father Brennan
A. K. Haywood, M.D.
J. H. Holbrook, M.D.
Mr. J. H. Roy
Mr. K. W. Wright
Harvey Agnew, M.D.

Canadian Hospital Administrators on Active Service

Canadian hospital administrators on active service with His Majesty's forces include the following:

Lieut.-Col. R. T. Washburn, R.C. A.M.C.—University of Alberta Hospital, Edmonton, (Retired)

Surgeon-Lieut. J. E. de Belle, R.C. N.V.R., Children Memorial Hospital, Montreal.

Major Burnett S. Johnston, R.C. A.M.C. — Montreal General Hospital, Montreal.

Flight-Lieut. G. A. Friesen, R.C. A.F.—Belleville General Hospital, Belleville, Ont.

Flight-Lieut. A. J. Chopin, R.C.A. F.—St. Mary's Hospital, Montreal.

Flying Officer Graham Stephens, R.C.A.F.

Florence J. Cameron, Peigan Indian Hospital, Brocket, Alta.

Helen L. Downs, Davidson Union Hospital, Davidson, Sask.

Thelma M. Finlayson, Red Cross Hospital, Bracebridge, Ont.

Evangeline M. P. Graham, New Waterford General Hospital, New Waterford, N.S.

Anne Halabuza, Brock Union Hospital, Arcola, Sask.

Kathleen B. Harvey, Soldiers' Memorial Hospital, Middleton, N.S.

Blanche G. Herman, Western Division, Montreal General Hospital, Montreal, Que.

Ethel M. Jamieson, Central Butte Hospital, Central Butte, Sask.

Helen M. Jordan, Queen Victoria Memorial Hospital, North Bay, Ont.

Dorothy J. MacKay, Manitoba School for Mental Defectives, Portage La Prairie, Man.

Dorothy I. MacRae, Anson General Hospital, Anson Junction, Ont.

Mary I. McLellan, Union Hospital, Shaunavon, Sask.

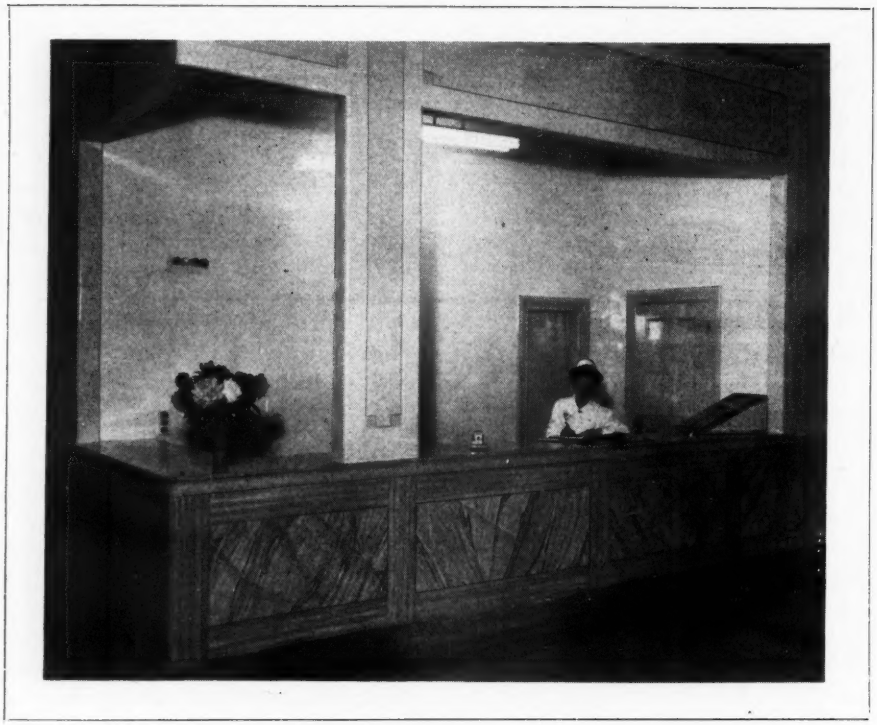
Kathleen Mullen, United Church Hospital, Hearst, Ont.

Jean S. Taylor, Cold Lake Hospital, Cold Lake, Alta.

The Bright Side to a "Blighty"

Canuck soldiers overseas might be pardoned for a little "lead swinging" if they landed in the casualty clearing station staffed by these Canadian nursing sisters.

Courtesy Army Public Relations, Ottawa.



Three Additions in Three Years!

Grey Nuns' Hospital at Regina Marks Unusual Expansion Programme with New Wing

By MISS M. DIEDERICH, R. N.

FOR the third year in succession the Sisters of the Grey Nuns' Hospital, Regina, have built an addition to their institution. In 1940 the building erected to house the Provincial Cancer Clinic was opened. In 1941 a new wing was added to the nurses' residence. In May of this year a much-needed extension to the hospital building was made and a new chapel erected.

Constructed at a cost of $150,000, the new wing extends south from the central portion of the main building. This, with the other sections of the hospital building, form a cross, thereby completing the original design of the architect who drew the plan.

The new hospital chapel is a separate building situated to the east of the new wing and connected to it by a spacious lobby from which a stair leads to the gallery and an exit opens into the hospital yard. The chapel measures 43 x 75 feet and can seat 320 persons. The green and amber Cathedral windows, the altars, altar railings and pews, all of which are matched oak, and the colourful drapes behind the altars which are changed to correspond with those of the liturgical colours of the church seasons—all give an atmosphere of peace, quiet and devotion. The resonance of sounds in the chapel is prevented by the use of acoustical board which lines the ceiling. The sanctuary is lighted by daylight fluorescent lamps and the chapel proper by non-glare lighting fixtures.

The new wing measures 42 x 144 feet and is four storeys, including the ground floor. The floors of this building are of terrazzo and the plaster walls are flush with the green tile base. These features, together with a minimum of wood work, prevent the collection of dust and make cleaning a simple procedure. The first and third floors of this wing are divided into two and four bed public wards which increase the hospital capacity by 100 beds, thus making a total of approximately 400 beds.

All wards are furnished in the latest modern style. The beds are metal with walnut finish and with controlled springs and comfortable mattresses. The bedside lockers match the beds and have white enamel tops. Each room is provided with a comfortable chair for out of bed patients. A special feature of each of the wards is the night light which is placed in a niche in the wall about eighteen inches from the floor and covered by a frosted glass shield. The soft light given off does not waken

Above—Nurses' Station.

Miss M. Diederich is Instructress at the Hospital and is also President of the Saskatchewan Registered Nurses Association.

patients, yet is bright enough to permit the nurse to observe them or perform certain procedures. Each of the two adjoining wards of this new wing are connected by a small service room equipped with necessary plumbing fixtures which expedite routine nursing care. The additional accommodation provided by this wing permits the segregation of the major hospital service for both men and women; a feature recommended for best care of patients as well as effective teaching of the student nurses.

The second floor houses the laboratory and the X-ray departments. The equipment for the latter was moved from the Cancer Clinic into the more spacious quarters provided, and with some new accessories gives a service capable of disposing of the extra work caused by military demands.

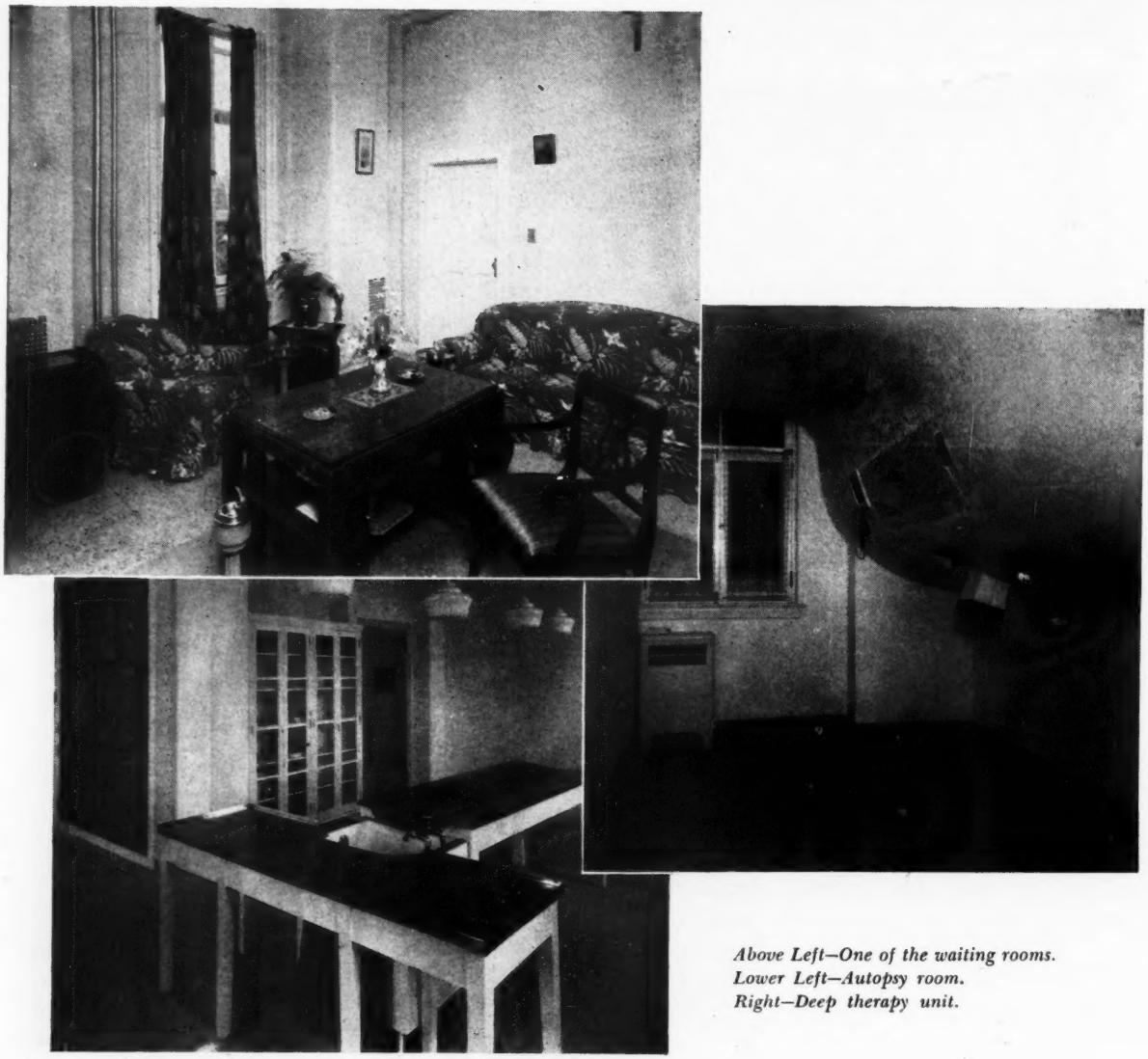
The laboratory consists of a suite of rooms especially planned for the service. It contains the pathologist's office, business office and separate rooms for each of the major services, such as haematology, chemistry, bacteriology, urinalysis and histology, also a museum and autopsy theatre to which are connected the mortuary refrigerators. In addition to the needs of the hospital, this department performs the Southern Saskatchewan work which was previously done by the Provincial Laboratory.

The ground floor of the new wing is occupied by the central kitchen which has been entirely remodelled and much new equipment added. It was planned so that all patients' meals can now be served from this central kitchen and the trays transported in the closed carts to the wards. To facilitate this service a new elevator shaft has been built and an elevator installed so that the meals will reach the patients in the shortest possible time after being served. This floor also contains the cafeteria for serving meals to the members of the staff and to the student nurses as well as the employees. The cafeteria is large, well-lighted and airy. It is

Above—Front Entrance.

Centre—The attractive employees' Cafeteria.

Bottom—The main kitchen showing the central tray service.



Above Left—One of the waiting rooms.
Lower Left—Autopsy room.
Right—Deep therapy unit.

furnished attractively in shades of yellow and green. The tables are pedestal type with tops of yellow mottled formica and chrome metal binding. The chairs are of chrome metal with seats and backs of green leatherette. The serving table is fitted with urns for hot and cold liquids and with provision for heating or chilling foods, as the case may be.

Many changes have been made in the original building. One of these which has improved the service to patients, doctors and visitors is the central nurses' stations, conveniently situated on each floor. This provides centralization of information regarding patients, the taking of doctors' orders, and the supervision of charting and requisitions. A system of call buzzers controlled from this station can summon the nurses in charge from any part of the flat. Patients' call lights also register at this station, so that the nurse on duty may check with the service given to the patients.

With the completion of the new wing the Regina Grey Nuns' Hospital (Sister L. Nöel, Sister Superior), now ranks among the best equipped and most modern hospitals in Western Canada.

Every hospital has a public relations programme, whether it realizes it or not. It may be dynamic or it may be static, but it exists just the same.

Alden Mills

Essential Nature of Hospital Work Confirmed by National Selective Service

In response to numerous requests from hospitals, the Canadian Hospital Council has continued in touch with National Selective Service officials respecting the essential nature of civilian hospital work. In our May issue it was officially stated by National Selective Service that "hospitals are an essential service".

In view of the new regulations effective September 1st empowering National Selective Service to categorize industries and occupations on a priority basis, the Canadian Hospital Council again wrote to the Director, as shown below, requesting as high a priority rating as the nature of hospital work would justify; in other words a very high rating because of the absolute necessity that hospital work be maintained.

We are pleased to report that Mr. E. M. Little, Director of the Department, has agreed to assist hospitals to maintain their staffs. We know from numerous contacts with officials of his service that a sincere effort is being made to assist hospitals. Occasionally it is reported to us that some regional officials have not seemed sympathetic to hospital needs, but it is anticipated that these local attitudes will be adjusted shortly. Mr. Little has been requested to make certain that his local representatives are in accord with headquarters policy.

Sept. 1st, 1942

Dear Mr. Little:

We note by the National Selective Service Regulations, 1942, that the Director may classify occupations, establishments, etc., either upon a national or local basis. The Canadian Hospital Council has been in communication on several occasions with members of your Department with respect to the classification of civilian hospitals. We have been assured that the personnel of civilian hospitals are considered as being in an essential service, but in view of the new regulations and the obvious necessity of more explicit categorization we would respectfully request that civilian hospitals be given as high a priority rating as the nature of their work would justify.

As you know, the work of our hospitals simply must go on. From all parts of Canada hospitals are telling us of their heavy resignations and their difficulties in obtaining replacements with the necessary knowledge and skill to carry out the type of work associated with hospital care. Although hospital charges and wages are not fixed by the Wartime Prices and Trade Board, the hospitals have been very reluctant to add to the cost of sickness by increasing rates and, therefore, as there are no reserves or potential dividends from which to draw, have been handicapped in competing with the high wages paid industry.

It would seem that the only way in which civilian hospitals can maintain a reasonable service for the civilian (and frequently military) sick will be by giving them adequate assistance in the maintenance of personnel.

Yours respectfully,

(signed) Harvey Agnew, M.D.,

Mr. Little's Reply

DEPARTMENT OF LABOUR

National Selective Service

Ottawa

September 8th, 1942

Dr. Harvey Agnew,
Secretary,
Canadian Hospital Council,
184 College St.,
Toronto, Ont.

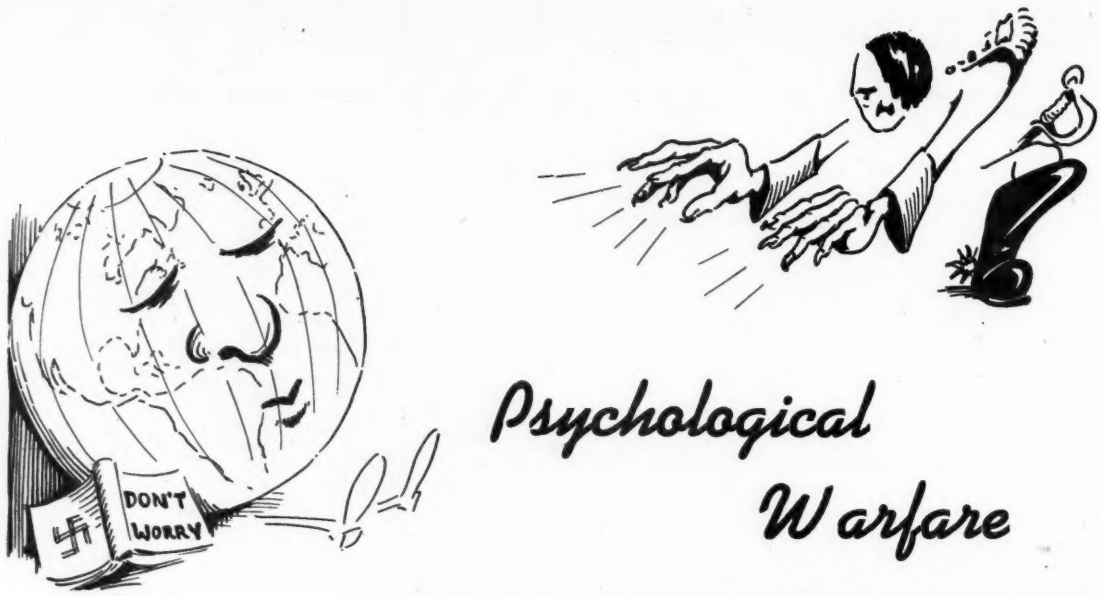
Dear Dr. Agnew:

I have your letter of September 1st concerning the application of the new priority regulations to the personnel of civilian hospitals. As you know, the priorities that are established for the various industries, firms and services are not made public owing to the necessity for continuous adjustment in accordance with the requirements of the situation from week to week.

Civilian hospitals are providing an essential service, and I can assure you that they will be given as high a priority rating as the nature of their work would justify. The National Selective Service regulations will be applied in such a way as to make it easier for essential service, such as hospitals, to obtain necessary personnel. Should civilian hospitals, nevertheless, encounter undue difficulties, I would be glad to hear from you further.

Yours very truly,

(signed) E. M. Little,
Director.



Psychological Warfare

The Nazi "Bluff and Blitz" Technique

(That Germany has long been preparing for the present conflict is evidenced by a study of German psychological methods in education and in propaganda by the American Committee for National Morale. The following article is from a review of this study by Dr. R. D. Gillespie, the noted London psychologist, the unabridged review appearing in the British Medical Journal. Ed.)

THIS Survey of German publications on the psychological aspects of warfare is of sufficient importance to make it desirable that its contents should be known not only to psychiatrists and psychologists in this country but, perhaps even more, to those who direct our war efforts. It makes clear the breadth and intensity of what might be called psychological organization of the German army and people for war. It is evidence, too, of prolonged preparation dating from almost immediately after the last war—preparation for the war that was to come and is now in full swing.

Plan for Revenge

The *primum mobile* of the whole movement since 1918 was the disappointment and humiliation as the result of the "First German War", to use a very apt term favoured by Mr. Harold Nicholson. There were "frantic efforts", as this Survey shows, to find reasons for that defeat that would save the precious prestige of the German Army. One of the most picturesque of these rationalizations was that defeat came about only through a nervous breakdown of Ludendorff's. There is no doubt that Ludendorff underwent a mental deterioration after the war. But it would be a weak system, anyway, that had to depend so vitally on one man, and other explanations were more popular as sops to the injured German pride, such as stupid politicians, defeat on the home front, inadequate moral indoctrination of the population as a whole, as well as of the troops, making them, soldiers as well as civilians, over-susceptible to foreign propaganda. Upon this period of self-examination there followed very soon the beginnings of a plan for revenge. The German people, it was decided, "must undergo a long process of physical and mental redirection" for the second world war. The increase of the speed of battle by mechanization, the invention of new devices such as parachute troops, the perfection of co-ordination between different arms of the Services, were the leading tactical reforms advocated after much hard thinking.

Preparations were made for economic warfare, industry and agriculture being mobilized for mass production. Labour was controlled and substitutes of different kinds developed. Psychology was enlisted as an instrument of politics and diplomacy, and as "an instrument of military strategy".

Psychology Utilized

The last, being the only means that was left to a defeated nation in the early years, was used first, and has been used increasingly ever since. It has played an enormous part, and in view of the German successes this surely has lessons for us. The fact that no scruples hindered its use does not mean that we cannot learn from the employment of it. In particular, at the present time we should note the immense value to their war effort of holding up to the German people the prospect of *positive goals* to work for and not merely of defensive views limited to self-preservation. Morale, built by whatever means, is considered by the German leaders to be at least as important as weapons.

Myths Developed

To justify all these measures and to rationalize the naked desire for revenge and world domination which has been the ruling passion of at any rate the German leaders, if not of all their enslaved compatriots, a variety of pseudo-scientific philosophies, better called *myths,* were rapidly

evolved. War was spoken of as an instinct; and biological sciences were raped to produce a moral justification for war: "Only the warlike nation deserves to survive" was their reading of Darwinism. The political philosophy adopted conformed to the Machiavellian doctrine of might as right, a thing which any young Nazi encountered before the war could be found confidently to believe. Biology was dragged in again in the form of the mythical superiority of the Aryan race, and especially of the German branch. Economics were distorted into the "living space" philosophy (lebensraum) of Haushofer. Politics were based essentially on power tactics.

The Nazis, unlike the 1914-1918 leaders, have regarded psychology as their most effective weapon. As a result of their employment of psychological methods against France, not only during the war but long before it, they were victorious, psychological devices being indeed the only ones used except in the final few weeks.

Psychological Methods in the German Army

As early as 1929 psychological methods were introduced into the German Army in a limited sense. A psychological laboratory was established by the High Command in that year. Psychologists were employed in increasing numbers in various ways:

(1) With the armed Forces in the selection of personnel for all branches, and especially for the selection of officers and specialist personnel, such as the Air Force and the Tank Corps. (2) On the civilian front they advised political leaders on methods of education for the heroic life, and on the management of public opinion. (3) In the foreign field they were expected to analyze the strong and weak points in foreign nations and to analyze foreign news, so as to help in shaping the Fuehrer's policy, as well as in the framing of psychological offensives.

High Qualifications

The American Committee notes that even before the war there were already a hundred and fifty psychological testing stations throughout Germany as well as twenty-two psychological laboratories in various universities and technical institutes. Psychologists must have a Ph.D., an all-embracing knowledge of the German military and cultural heritage, a personality that was expected to be gregarious, sensitive, self-controlled, warmly sympathetic towards youth and justice, and a complete devotion to psychological science. Their training consisted of three months in a psychological laboratory of the High Command, two years in the Army's psychological testing stations, six months of military training, and three additional months in the psychological laboratory of the High Command.

The whole justification for the employment of psychologists in the selection of personnel is found in the statement that "masses of technical weapons are not themselves sufficient" to win a war. The Committee quotes from Hansen: "Our only hope for victory is based not on material but on mental superiority, achieved in the planned preparation of all human forces to multiply the fighting spirit of each soldier. Mental superiority is contingent on the characterological make-up and the practical efficiency of leadership in high and low places. The selection of specialists has to go beyond mere examination of intellect and skill, and concentrate on the whole personality."

Requirements for Leadership

As early as 1920 Feder wrote: "The form of State best suited to the German character is civilian power centralized in the hands of one supreme leader." This notion was expanded to the international field with an appearance of the philosophical completeness so dear to Germans, so that Germany became destined in their minds to be a leader among nations.

The psychologist's task is the selection of leaders within the theoretically, but not really, classless society of the Nazi State. The specific qualities of a leader are laid down as positive will, determination, executive thinking, mental elasticity, strong character, integrity, selflessness, idealism and well-controlled self-esteem. Particular attention should be called to the demand for mental elasticity. It may well be that this largely accounted for the German's tactical superiority over the French Army, the latter being devoted to principles of mathematical precision in its artillery manoeuvres with, as it proved, a fatal loss of elasticity.

The emphasis on *idealism* has also to be remembered. It seems paradoxical to us, but it has always been one of the marks of the effects of Naziism on German youth, that while on the one hand it stimulated all the more brutal side of their nature, it has stimulated at the same time their idealism to a fanatical degree, partly because they were offered something positive to aim at and not merely the defence of existing rights, and partly because they were asked to sacrifice something all the time and were not asked to accept bribes to work harder. There again the Nazis showed their psychological insight on how to get the maximum effort out of human beings. The apparent contradiction in the qualities included in the Nazi product is shown in their cultivation, side by side, of automatic obedience on the one hand and individual initiative on the other. They seem to have succeeded to a large extent; for example in the quality of their tank crews. The psychologists and others who promulgated these requirements for leadership must be admitted, unfortunately for us, to have been reasonably shrewd. It is probable that the arrogance so often noted in prisoners is confined to their attitude to what they have been taught to regard as inferior races and does not extend to their own comrades.

Selecting Officers and N.C.O.s

In the selection of officers and N.C.O.s psychological tests are given only to those whose suitability had already suggested itself in field service. It should be noted that in a sense selection had already begun in childhood, for from the age of six a record is kept of the individual's performance and of his temperament and character during his life in the Hitler

(*Continued on page 72*)

Hospital Construction Presents Difficulties

Controller of Construction Warns Hospitals
Little Likelihood of Obtaining Equipment

Hospitals planning new construction are given little encouragement by the Controller of Construction, Mr. Blake Jackson, who informed the Canadian Hospital Council in a recent interview that the situation with respect to building has become much more serious in the past few weeks. Permits are being refused to all but the most essential and simple construction and it is problematic if certain hospital construction already authorized will be completed until after the war.

Mr. Jackson has urged hospitals, unless planning very simple construction, not to go to the expense of having elaborate plans prepared, for there will be little likelihood of their approval being given. Although quite aware of the need and fully sympathetic to the expansion of hospital facilities, the simple fact is that certain critical materials and certain standard equipment are not obtainable.

In order to make this situation clear Mr. Jackson has sent to us the following communication:

DEPARTMENT OF MUNITIONS AND SUPPLY
85 Richmond St. West,
TORONTO, Sept. 21, 1942

Dr. Harvey Agnew, Secretary,
Canadian Hospital Council,
184 College St.,
TORONTO, Ontario.

Dear Doctor Agnew:—

I am in receipt of your communication of the 18th instant, requesting information as to the present status of hospital construction in Canada.

Appreciating the overtaxed conditions in many areas, my Control has given full consideration to this situation and has issued licenses in most instances. I have endeavoured, however, to warn the various hospital boards of the difficulties that may be faced in completing buildings of this character under present conditions. In addition to increased costs, many delays will be encountered due to the shortage of certain materials, and, as conditions are changing constantly, it is not possible to foretell just where these delays will occur. Also, substitutions would have to be made that would prove not at all satisfactory, involving heavy maintenance costs and replacements at a later date. Due to present restrictions on materials and equipment, including steel, metals of various kinds, etc., particularly those items having United States content, important accessories will be unobtainable, for which there are no suitable substitutes.

Until recently, the control of all materials has centred in Canada, but during the past few weeks this situation has changed materially. We are dependent on the United States for many items entering into the construction of a building, and are now subject to their approval on priority and allocation. Although these materials and supplies may only form a small part of the total structure, they are nevertheless necessary for the completion and the operation of the building. I have recently received definite information that the Washington authorities do not look with favour upon the expansion of hospital facilities at the present time, particularly the type which makes a heavy demand on the use of critical materials.

I am of the opinion that *it is practically impossible to construct and fully equip a modern fireproof hospital building in Canada at the present time.* I regret these circumstances, but would like your Council to be fully aware of the situation. It would appear to me, therefore, that the only way we could provide additional hospitalization under the present conditions is by temporary-type, non-fireproof construction, using only those materials that are not in short supply. If space is not available on present hospital grounds, then I feel consideration should be given to the construction of cottage-type buildings in open areas, without going too far from the centres of population. These convalescent units, built of the simplest of materials and without the usual hospital accessories, would relieve the main hospitals and allow them to take care of a greater number of emergency or other critical cases. I understand this method of hospitalization has been used successfully in some countries, even in peacetime, and I see no reason why it would not have equal or even greater merit under wartime conditions. Not only would the cost per bed be considerably less than in the modern city hospital, but also substantial economies in operation would no doubt be effected. The main point is, however, that most materials for this type of building are readily attainable and can be assembled without unreasonable delay. If our hospital authorities make a sincere effort to solve their problems in this manner, I feel confident that little difficulty would be encountered with the Priority Departments, either in Canada or the United States, in securing the small amount of critical materials that would be involved.

I understand you are about to take a trip through the Canadian West and, as I have issued licenses to several hospitals in the Western Provinces, I would greatly appreciate your calling to their attention the difficulties that may be encountered in completing their projects and, unless the construction is too far advanced, I feel consideration should be given to the changing of their plans in line with existing conditions.

Yours very truly,

(signed) C. Blake Jackson,

Controller of Construction.

How Two Hospitals Have Prepared for Power Shortage

Auxiliary Power at Toronto Western Hospital

Wartime conditions have conjured up new burdens and responsibilities in the hospitals of Canada, particularly where modern hospital structures demand 24-hour service to insure that there will be no interruption of the power, light, pump, heating, food and passenger facilities.

When it became very apparent that war industry was placing an unprecedented demand on the Hydro-Electric service of Ontario, the Board of Governors of the Toronto Western Hospital, appointed a committee to investigate the possibility of an installation to take care of the necessary demands of the hospital. A survey of the requirements of the hospital showed a normal load of 275 K.V.A., and to insure uninterrupted service involving a number of high speed elevators of the high lift type in the new building, it was decided that a Diesel-Electric unit having this nominal rating be installed in the Boiler room.

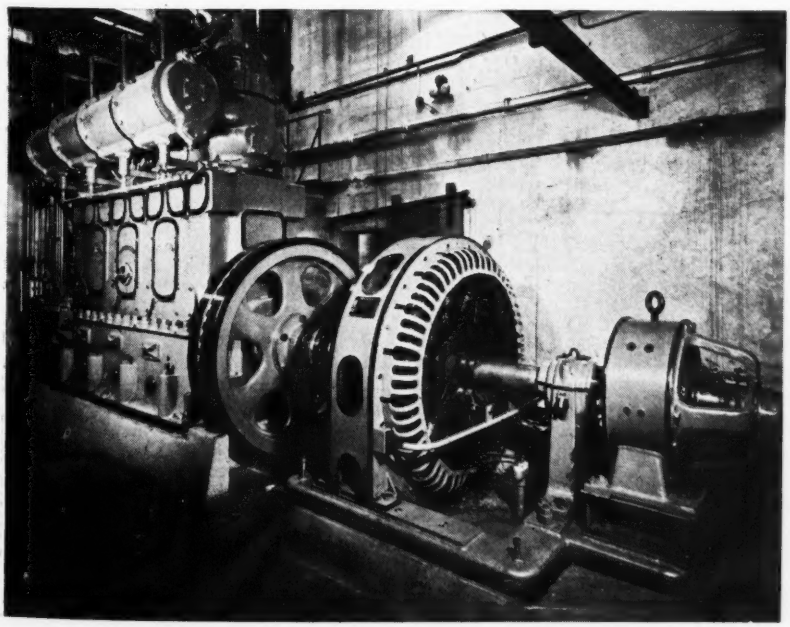
Careful study was necessary to determine the minimum foundation requirements to ensure freedom from noise and vibration in hospital surroundings, with due respect to the traditional "hospital budget". The foundation selected was of reinforced concrete, with separation at the existing floor level effected by a 1" filler of resilient material.

Operating results have quite justified the care taken in designing the foundation as there is no perceptible movement between the foundation and the engine room floor. The sole audible effect is the characteristic intake pulse which does not extend beyond the corridor connecting with the hospital proper. The engine exhaust is conveyed from the manifold by a 10" line to a modest expansion tank structurally suspended, the discharge from the expansion tank coming off at right angles directly into the boiler breeching looking toward the main stack some twenty feet removed.

As the installation was designed for pure emergency service, cooling is effected by thermostatic control from the City water mains with a suitable expansion tank.

The simplest type of control panel is used in conjunction with a 400 ampere, 3 pole, 600 volt, throw-over switch serving to connect the entire hospital load to either the Hydro system or the Diesel set.

The engine is of Worthington make, constructed at the Buffalo Works of the company. Installation was made by Dominion Diesel Limited of Toronto.



Above—Generator at Regina General Hospital.

Below—Diesel-Electric Unit to carry whole load if needed.

Emergency Operating Room Lighting Installed at Regina General Hospital

The Regina General Hospital has recently installed a generator for emergency purposes. This is to be used in case the City Electrical Power is shut down and will supply the operating and maternity rooms with standard lighting in order to carry on should an operation be in progress.

Prior to this installation it was necessary in emergencies to use a special battery spot light. As its light efficiency was approximately ten minutes, it is obvious that any operation in progress would be hurried.

With the new installation the engineers have been trained to switch to the steam operated emergency plant immediately, so that within the space of one minute all the operating theatres, supply and sterilizing rooms including the case room, are flooded with light.

The wisdom of this purchase has already been demonstrated. During the summer a severe electric storm in the city shut down the municipal

(*Concluded on page* 68)

Obiter Dicta

Principles of Health Insurance

IN this issue we publish the Principles of Health Insurance approved by the Executive Committee of the Canadian Hospital Council as a guide in any deliberations on the subject of policy with the Government. While many details might have been covered, it was deemed advisable to consider only those principles of direct concern to the hospitals. These "Principles" were phrased, generally speaking, in broad terms, for it was not thought wise at this stage to delve into too much detail. In setting up this Committee, the President wisely selected his Executive Committee as a nucleus and then added others to this group to ensure fair representation of all major interests.

It was a source of satisfaction that there has been so much evidence of unanimity in the Committee itself and in the hospital field generally. Where there has been any appreciable difference of opinion the wording has been carefully phrased to meet such view-point, as in Section Two. There is very definite agreement that our voluntary hospitals, religious and lay, should be utilized to the fullest possible extent in any insurance plan.

The majority opinion of the hospital field, as we sense it, is in favour of some sound form of health insurance. But we believe that this sentiment would melt like April snow if it became apparent that any such plan would jeopardize the future and welfare of our fine voluntary hospitals. There is no reason why voluntary and state effort cannot proceed hand in hand—but it will take planning. The Canadian Hospital Council is much indebted to this Committee on Health Insurance for working out such a sound set of principles.

The New Selective Service Regulations

FROM information received at this office it would appear that the new National Selective Service regulations have improved the position of hospitals as a whole. Late in August there was a general scurrying around of employees in all activities trying to get a better position before the lid would be clamped down. This was not so noticeable in hospitals as it was in obviously non-essential occupations, where employees envisioned being forced to go places and to take on work which would not be desirable from a personal view-point. Hospitals would now seem to be finding that the seven-days' notice requirement and the necessity of obtaining a permit are making employees think twice before giving up their work.

It is becoming known, too, that officials of the National Selective Service department are reserving the right to send people back to their old jobs if they find that the individual is specially trained for that work and if they think that the work he has been doing is really essential.

Employees are not prevented from changing their work, however, except by the above restrictions and it is doubtful if the departmental officials will put great obstacles in the way of the transfer of a hospital employee into, say, a war industry, if the employee can prove his contention that the hospital position was underpaid, that the hours were too long for his health or that living conditions in the hospital were detrimental.

As we go to press the situation is not entirely clear respecting advertising. In one large city other than the address of the regional office may be included; in others this is not permitted.

One hospital reported a situation which we hope will soon be corrected. A man trained as an orderly desired to take that position in this hospital and went to the local National Selective Service official to get a permit. There an effort was made to persuade him to go into munition work. While there can be no criticism of the efforts of such officials to divert individuals from non-essential work to munitions plants, hospitals are justified in making a strenuous protest against such discrimination being made in the case of essential hospital employees. The rush was so great during the first few weeks that many "open permits" had to be given. We are assured that surveillance will be stricter as soon as the organization gets settled down and that the hospital needs will receive special attention. We sincerely hope so, for the situation is fast reaching a breaking point in many hospitals.

German Psychological Warfare

ELSEWHERE in this issue we publish a British review of a study on this subject by the American Committee for National Morale. This review and the original study will repay serious consideration, for it is most imperative that every last person in the freedom-loving countries fully understand the methods of psychological warfare used by Germany in her efforts to gain control over the rest of the world. German propaganda is so insidious and she has such a huge army of fanatical and carefully-schooled emissaries scattered in practically every centre of the democratic countries that only the greatest vigilance can offset this influence.

From this and other studies of German educational methods, several observations would seem warranted.

1. The planned psychological basis of their educational approach gives them a unity of national outlook

and an objective of purpose which our more abstract and less purposeful type of education cannot equal;

2. In the psychology of their international relations, they show an understanding of people and a degree of organization which have given ample evidence of their effectiveness;

3. The purposeful training of their youth and the emphasis upon both self-discipline and versatility gives Germany not only a wartime advantage but a background for peacetime industrial conquest which in 1914 and again twenty-five years later was proving most effective;

4. This last point indicates that not only must the war be won, but that our training of our people and our relationships to other countries must be so directed that we can retain our fair share of international trade after the war.

"Referred to Head Hospital Consultant"

TO-DAY every hospital request for priority consideration in the United States or any matters vitally involving the hospital field are referred to the "head hospital consultant" at Washington. The War Production Board has selected one of the country's outstanding hospital administrators, Mr. Everett W. Jones of Albany Hospital, as consultant to the Schools and Institutions Section of the Bureau of Governmental Requirements of the War Production Board. All applications and requests for information, whether hospitals are governmental, voluntary or proprietary, go through his hands for approval or denial. Mr. Jones graduated as an engineer from a Wisconsin university after serving as a sergeant in the American Medical Corps in the first World War. He knows hospital problems thoroughly, and should be able to judge with accuracy whether a hospital needs the equipment or is just stocking up for the future. Mr. Jones is widely known as a blunt-spoken man who takes his job seriously and who cannot be swayed by fear or favouritism. In many ways he is like our own Donald Gordon.

The setting up of an experienced hospital consultant at Washington is a step which the Canadian Hospital Council has long urged should be taken here in Canada, (see editorial, THE CANADIAN HOSPITAL, April, 1942). We do not so much need a man to work on priorities at Ottawa as we do to have a general consultant to the whole Wartime Prices and Trade Board organization, to the Department of Munitions and Supply and to any other departments, including the military services, wherein the advice of someone with special knowledge of the civilian hospitals would be helpful.

Hospital activities are affected in so many different ways by the endless stream of new regulations now pouring out of Ottawa that such a person, if his services be fully utilized, would be a busy man indeed. The various administrators and controllers have been very sympathetic towards hospitals in their interpretations, but much confusion could be avoided if more of these interpretations could be incorporated in the original rulings. Even if it be not possible to have a full-time person in Ottawa, and that would depend upon the responsibility placed upon him, it would seem desirable that the government should name a part-time individual, who might not even live in Ottawa, as is the case with various administrators and controllers, but who would be available for consultation on all relevant matters.

Ethical Code of Interest to British

DO ethical standards differ here from those in Great Britain? The Code of Ethics for Hospitals adopted some months ago by the American Hospital Association and the American College of Hospital Administrators (see THE CANADIAN HOSPITAL, January, 1942), has received considerable notice in several British hospital journals. An editorial comment in the August issue of the well-known London journal, *The Hospital* reveals a certain fundamental viewpoint which is essentially British.

After a careful search of the Code for fundamental differences it was concluded in this editorial comment that any apparent dissimilarity was not "of difference of principle or practice, but of the mode of exposition".

Why are so many ethical points set forth? It was pointed out that people in the United States and Canada live under a written constitution, whereas in England there is no basic written constitution and Parliament is free to change even the most fundamental laws without any special formalities or safeguards. This new Code reflects these written constitutions, for many basic principles which might be taken for granted have been reduced to writing.

The inclusion in the Code of clauses referring to the making of appointments solely on a basis of merit, to the necessity that board members should not profit by their hospital connections and that physicians should be sober and have sound morals among other qualifications "might mislead some people over here into believing that transatlantic hospitals must be more afflicted than ours with the evils pilloried; on the other hand, if any similar code were drawn up over here, such points would probably be omitted as taken for granted, and hospital people across the Atlantic might stigmatise us as immoral, since silence on these points might be interpreted as approval of obvious malpractice".

It is agreed however that the Code does illustrate how close is the similarity in hospital problems on both sides of the Atlantic. Despite superficial dissimilarities between the unwritten code and the one in black and white, the differences of intention are not great. It is pointed out that the Code would be of real advantage to the young man or woman entering hospital life in any capacity. It might have been added, although our tactful British cousins obviously would leave it for us to say so, that this is a young continent with a population drawn from the four corners of the world. With such a varying background of ethical standards, the most certain method of inspiring general adherence to a uniform ethical standard is to clearly set forth essential and basic principles, even though some of them do seem almost too fundamental to be included.

Saskatchewan Hospitals Take Stock of Present Wartime Situation

Successful Convention at Saskatoon

Secretary George E. Patterson of Regina (left) hears President A. Esson tell how they do it in Saskatoon.

UNDER the able direction of President Alex. Esson of Saskatoon and Secretary Geo. E. Patterson of Regina, the Saskatchewan Hospital Association met on September 24th and 25th to review the present situation. A full programme and valuable discussions rewarded the large number of delegates who attended from all parts of the province.

War and the Hospital

The chief topic of discussion was the effect of war on hospital work. Miss A. F. Lawrie of the Regina General Hospital spoke on "The Shortage of Nurses" and referred to the difficulty of maintaining teaching standards because of depletions in the ranks of instructors. Speaking of the subsidiary worker, Sister Mandin of St. Paul's Hospital, Saskatoon, urged a carefully-planned outline of duties to obtain maximum efficiency.

The "visiting fireman", Dr. George F. Stephens, President, and Dr. Harvey Agnew, Secretary of the Canadian Hospital Council, reviewed a number of the current problems affecting hospitals—personnel and selective service, priorities, rationing, drugs and drug substitutes, health insurance, uniforms, rubber, construction and other difficulties.

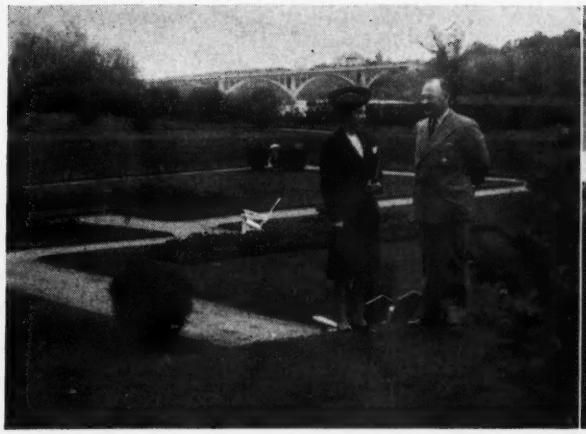
Mr. John Smith of Yorkton spoke on "Wartime Emergency Finance" and pointed out that it is unfair to meet added costs by raising private rates unless arrangements be made to increase the rate for municipal patients, now fixed at $2.50 by legislation.

The Nurse

A symposium, arranged by Miss E. A. Pearston of Melfort, elicited some spirited discussion. Miss Lawrie saw a bright future for nurses in the coming new social order; new activities would minimize unemployment. In outlining the basis for success as a nurse administrator, Miss K. W. Ellis paid high tribute to the work of nurse-administrators and emphasized the necessity of having a general knowledge of all departments. She must be able to maintain cordial relations with the doctors and the public. Trustee chairman L. M. Perkins of Melfort (read by S. N. Wynn) stated that the primary requisite was *training*. She should also have a passion for the job.

Dr. R. H. MacDonald of Saskatoon thought that the ideal setup was one with a medical administrator, but with good medical co-operation the nurse superintendent could be equally successful. Mr. Leonard Goudy of Saskatoon analyzed her problems from the administrator's viewpoint.

Lower Left—J. W. Lord, M.D., and W. H. Moffat of the Provincial Department of Health. Centre—Miss M. F. Weir of Canora. Lower Right—E. H. Rice, Secretary-Manager of Swift Current Hospital and Clarence C. Gibson of Regina, incoming president.



Left—Miss G. L. Brown and S. N. Wynn of Yorkton. Right—Dr. W. Murray, formerly President of Saskatchewan University, Dr. R. H. MacDonald of Saskatoon and Dr. A. W. Argue, Registrar, College of Physicians and Surgeons of Saskatchewan.

Administration

"Hospital Day observance", stated Mr. W. C. Ryan of Regina Grey Nuns' Hospital, "offers an excellent opportunity to acquaint the local public with the many activities of the hospital." He was speaking on "Goodwill Through Public Opinion". "Where hospital personnel are properly organized, the board of management has little trouble with labour", stated Andrew Tait of Moose Jaw speaking on "Employee Relations".

Dr. J. W. Lord, Medical Officer, Provincial Health Department, gave the usual clear review of hospital statistics for the previous year.

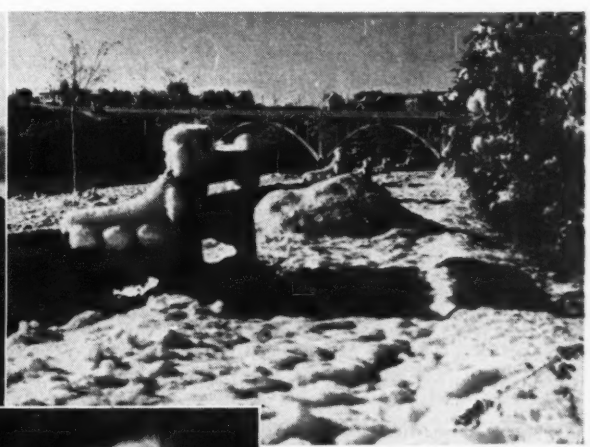
The A.C.S. film "White Battalions" was shown at an evening session.

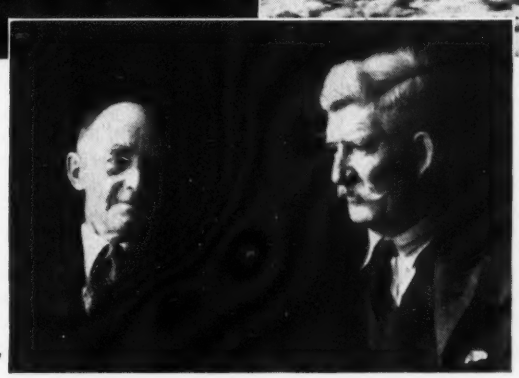
Incoming President C. C. Gibson of Regina General Hospital stated that "visiting of patients in a hospital is carried to a dangerous degree". The administrator is justified in taking a firm stand respecting visitors. "Debentures as a means of raising money is a thing of the past", stated Mr. W. H. Moffat, accountant of the Provincial Health Department, "the trend is to finance through reserves." Mr. A. W. Heise, W.C.B. Commissioner reviewed W.C.B.—hospital relations and stated that hospitals would gain by more widespread coverage. Editor S. N. Wynn of Yorkton gave the newspaperman's (as well as the trustee's) viewpoint on press relationships.

Clinical

An exceedingly practical paper on X-ray provisions in smaller hospitals was given by Mr. Percy E. Hunt of the Saskatoon Sanatorium. Dr. H. C. Boughton, his superintendent, substituted for Dr. R. G. Ferguson on

(*Concluded on next page*)





Above—Sister Peter Marie, Superior at Broadview; Sister Vincent, Superior at St. Paul's Hospital, Saskatoon; Sister Mary Priscilla, Superior at Estevan; Sister N. Fortier, Secretary at Gravelbourg.

Above—Yes, Gentle Reader, this was on September 25th!

Left—N. Guloien, Chairman of Board at Wadena, and P. L. McLean, the Secretary.

Left—Mrs. J. Stewart, Broadview, Councillor; Mrs. S. R. Curtin, Regina, Retiring President; Mrs. B. Crepean, Gravelbourg, Treasurer. Right—Mrs. F. W. Hooper, Wadena, Second Vice-President; Mrs. J. A. Elhatton, Saskatoon, First Vice-President; Mrs. E. M. Smith, Moose Jaw, Incoming President; Mrs. T. Pridmore, Arcola, Third Vice-President.

First Birthday of Saskatchewan Women's Auxiliaries Well Observed

The Saskatchewan Women's Hospital Aids Association may indeed be proud of its first year of achievement. Organized one year ago, it already represents thirty-four local auxiliaries and others are expected to become affiliated shortly. Some seventeen hospitals do not enjoy the assistance of a women's auxiliary and a number of these are being encouraged to organize.

The luncheon at the Annual Meeting in Saskatoon on September 25th was attended by over 100 delegates from all parts of the province. The guest speaker was Dr. Harvey Agnew of Toronto who spoke of the many ways in which women's aids could be of help and urged them not to slacken in their work for the hospital despite their wartime obligations. "The war must come first—that is axiomatic—but this is one civilian service which must go on."

The President, Mrs. S. R. Curtin of Regina, strongly deprecated a proposal on the part of some to disband for the duration. This idea should be opposed, for the hospitals are in greater need of voluntary assistance than ever before. Mrs. Curtin appealed to the trustees at a general session of the S.H.A. to "assist the Aids to assist you . . . An active auxiliary can create and develop hospital mindedness in the community where often the work of the hospital is little known." Much credit was given to the Secretary, Mrs. Mabel Smith of Moose Jaw, for the remarkable success of this first year.

Officers:

Hon. Pres., Dr. Harvey Agnew
President, Mrs. Mabel Smith, Moose Jaw
1st Vice-Pres., Mrs. J. A. Elhatton, Saskatoon
2nd Vice-Pres., Mrs. F. W. Hooper, Wadena
3rd Vice-Pres., Mrs. T. Pridmore, Arcola
Secretary, To be named
Treasurer, Mrs. B. Crepean, Gravelbourg
Councillors: Mrs. D. Eade, Macklin; Mrs. F. G. Wheat, Gull Lake; Mrs. F. C. Salisbury, Saskatoon; Mrs. J. A. Ludlow, Assiniboia; Mrs. Leo. MacDonald, Melville and Mrs. J. Stewart, Broadview.

Saskatchewan Meeting *(Continued)*

"The Prevention of Tuberculosis" and made a strong plea for B.C.G. vaccination for all hospital personnel.

Dietetics

As usual the dietetic group met with the Association and Dr. Hope Hunt, Dean of the School of Household Science, Saskatchewan University, and Miss Louise MacKenzie of Moose Jaw General Hospital, addressed the general sessions. Dr. Hope urged a saner psychological approach to patients. "If you want to give country patients a treat, serve round steak, not chicken." Keep in mind the relative availability to the patient of fresh vegetables and other articles of diet.

Women's Auxiliaries

The report of the new provincial organization was presented by Mrs. S. R. Curtin and Mrs. M. Smith, the president and secretary. Reference to this active young body is made elsewhere in this issue.

Officers

The following officers were named:
Hon. Pres. Hon. J. M. Uhrich, M.D.
President C. C. Gibson, Regina
Vice-Pres. S. N. Wynn, Yorkton
Secy.-Treas. Geo. E. Patterson, Regina
Executive: E. G. King, Lloydminster; A. Esson, Saskatoon

Food Regulations Explained at Ottawa Conference

Hospital Needs Given Consideration

By A. J. SWANSON,
Chairman, Publication Committee

A press conference between representatives of different publications and Food Administrators was convened by the Information Branch of the Wartime Prices and Trade Board at Ottawa on Tuesday, September 1st. As the general policy of the foods administration would be discussed at this meeting, it was considered advisable to have a representative from the hospital field representing not only "The Canadian Hospital" but the Canadian Hospital Council in attendance at that meeting. Mr. A. J. Swanson, President of the Toronto Hospital Council and Chairman of the Publication Committee of "The Canadian Hospital" was asked to represent the above-mentioned organizations. G.H.A.

ON September 1st representatives of different publications were summoned to Ottawa to confer with the foods administrators of the Wartime Prices and Trade Board. The meeting was well attended and in addition to the Foods Administrator, Mr. J. Gordon Taggart, assistant administrators of the various divisions of the Foods Administration were present to answer questions and to clarify points about which there might be some doubt. The meeting took the form of a general round table discussion and was very informative.

As the problem of food supply is one of vital importance to the hospitals, the statement of general policy as announced by Mr. Taggart was of interest. He intimated that the function of the Board was to maintain prices and supplies and to see that there was a proper distribution of the vital supplies. He did make quite clear that certain priorities existed, as supplies for the armed services, merchant marine and the Alaska highway were of utmost importance. After that the civilian population entered the picture. The administrators were not unaware of the special problems presented by the general hospitals and thought was constantly being given to their requirements, everything possible being done to see that the function of the hospitals in caring for the sick was not curtailed in any way. Mr. Taggart did make clear, however, that the question of the essentiality of foods was being given study by nutrition experts and consultants at this time in order that those foods not of essential value might be eliminated.

From this discussion it was made clear that owing to freezing orders, shipping restrictions and other difficulties there was a definite shortage of certain supplies. This applies to meat especially at the present time. This, however, is something to which the administrations of each department have been giving consideration and every effort is being made to keep up essential supplies of necessary foods. It was apparent, however, that some items will of necessity disappear from the ordinary diet for the duration of the war.

The problem of rationing various commodities and the machinery which has been set up to handle the rationing procedure was discussed by one of the assistants in charge of rationing arrangements. He emphasized that the whole policy of the Rationing Board was to ensure that everybody received a fair allowance of vital supplies of rationed articles rather than a certain group of the population receiving more of the supply and others doing without.

The group was informed that arrangements respecting the handling of rationed items in hospitals would be clarified within a day or so by the issuing of new regulations covering the supply of tea, coffee and sugar to institutions. (See p. 52). As the new regulations will be forwarded to all hospitals it is not necessary to enlarge on them here.

One could not help but be impressed by the way in which the Foods Administrator and his staff were handling a very difficult problem and it was made absolutely clear that they were most willing to co-operate in every way with the public. They were not making restrictive regulations without very good reasons and they did say that certain adjustments must be made from time to time as they found that conditions did not always work out as originally visualized. They asked that the utmost co-operation of the public be given to them, particularly in connection with the spreading of rumours. They stressed that if rumours

(*Concluded on page* 80)

Abattoirs Requested to Assist Hospitals

When it became apparent that the beef shortage would become acute, the Toronto Hospital Council and the Montreal Hospital Council took up the question of supplying hospitals with beef with Mr. J. G. Taggart, the Foods Administrator at Ottawa. The following wire was sent to Mr. A. J. Swanson, President of the Toronto Hospital Council:

"Inspected abattoirs which have orders to deliver beef for Armed Services have been instructed to fill such orders before delivering to civilian trade. We are advising abattoirs to give priority to needs of hospitals in civilian trade."

This wire was included in a circular letter sent to the abattoirs and the following further statement was made in this circular to the wholesale meat trade over Mr. Taggart's signature:

"While we are not issuing definite instructions with respect to hospital trade, we are suggesting that you should do everything reasonably possible to meet the needs of civilian hospitals in preference to your ordinary civilian trade."

It should be added that the same circular to the abattoirs suggested preferential treatment for the railways, as the latter handle troops and prisoners in large numbers.

With the Hospitals in Britain

By "LONDONER"

C. E. A. Bedwell

Dear Mr. Editor,

There has just been formed an Incorporated Association of Hospital Administrators by a fusion of the Incorporated Association of Hospital Officers and the Association of Clerks and Stewards of Mental Hospitals. The title of the former has been a little confusing to those who are not familiar with conditions in this country as the Association has been confined to officers in voluntary hospitals. On the other hand it has admitted to membership any kind of hospital officer other than the manual worker and the nurse. Thus in a sense it has cut across other professional organizations, e.g. those for the dispenser and the almoner. In connection with this change, however, it is proposed gradually to confine the membership to those who by study and examination qualify themselves either as students, associates or fellows. The membership of the other organization is clearly defined in its title.

For some years this fusion has been under consideration. It is thought that present conditions provide an environment by which it may be carried through with success. In the Emergency Hospital Service the two sets of officers have been brought into contact and it is not unreasonable to argue that they are gaining a better appreciation of each other's capacities and opportunities. Whether this theory has found expression in practice is a point upon which some would feel that there is room for difference of opinion.

In order that your readers may gain a better understanding of the whole situation it is necessary to explain that there are other organizations, and also staffs, who are not comprised in either of these bodies. The general hospitals of the local authorities have stewards in the same way as the mental hospitals, and in many respects there is a close resemblance between their status and duties. There is some idea that they may desire to join the new body, but whether they will do so remains to be seen. There is another set of hospitals which have not yet been transferred to the Public Health Committees from the Public Assistance Committees of the local authorities and they, too, have stewards or some senior lay officials. Then there are the Public Assistance Institutions which oftentimes contain a number of sick people

New Association of Administrators formed in Great Britain

although perhaps not possessing the status of a hospital. Their senior lay officer is generally known as a Master, and he usually belongs to another organization. It would take up too much of your space to enter into the details of the various bodies, but perhaps enough has been said to show that this new organization has not been presented with a definite clear-cut issue in endeavouring to bring together those who may wish to be regarded as hospital administrators. Broadly speaking there is one main difference between the voluntary hospital officers and all the others. The latter are accustomed to work with medical chiefs, though there are some important exceptions to the general practice in voluntary hospitals of having a layman as the chief executive officer. In the large hospitals with medical schools in Scotland and in Guy's Hospital, London, there is a medical superintendent. Not long since there was a vacancy for a chief at the Newcastle Royal Infirmary and the Governors were willing to appoint either a medical man or a layman. The former was the choice. At the present time there is an interesting little agitation in a provincial town where the committee of the Contributory Scheme are agitating for a medical man to be appointed as the chief executive officer of the voluntary hospital.

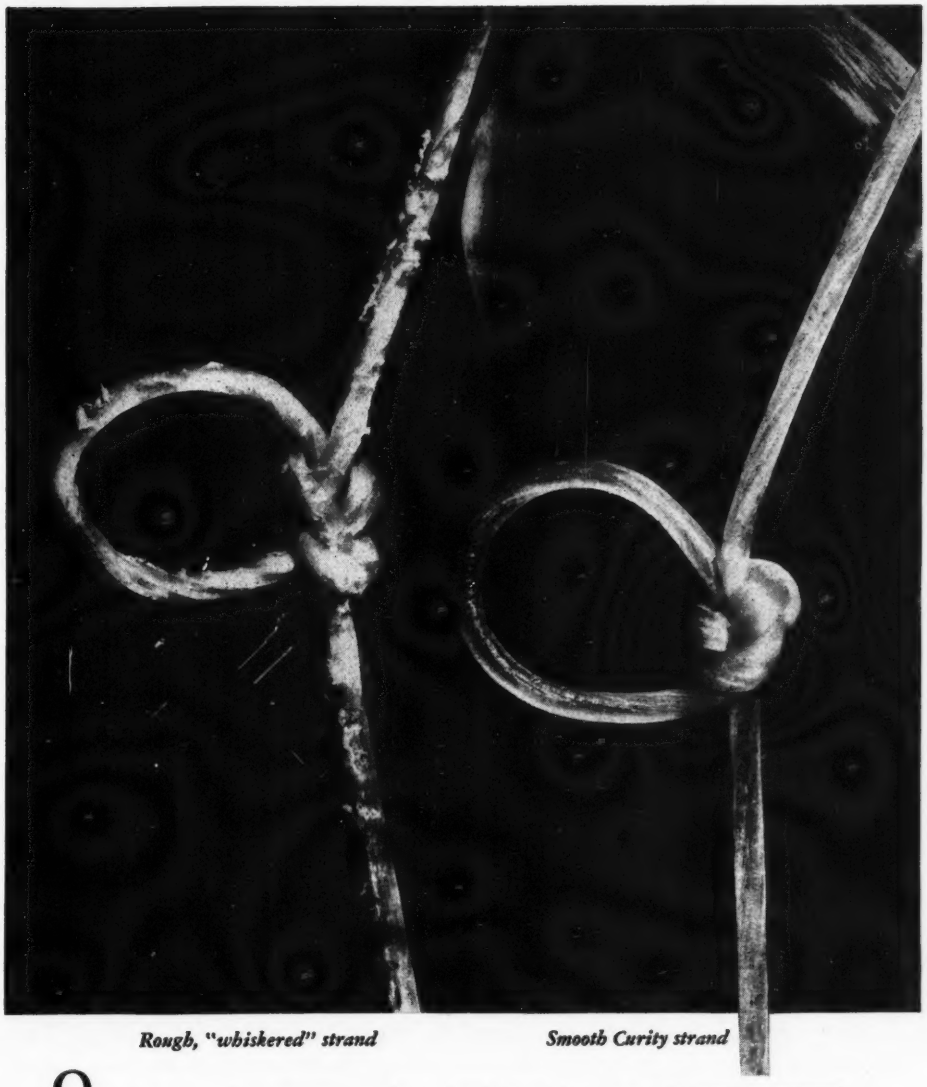
Administrators

It will be appreciated that in adopting the word "administrators" in the title, the Association has followed the nomenclature with which you are familiar on your side of the Atlantic. I am impressed, however, with the difficulty which is experienced time after time by writers and speakers on the subject in providing a clear definition of what is meant by an "administrator". In the central government and also in the local government of this country, some importance is attached to the difference between the administrative and the executive class of officers. The control of the internal working of an institution like a hospital seems to belong more properly to the latter than to the former. It is likely, however, that the organization which is to take place may provide some opportunity for administrators who will have the organization of hospital service over an area. One of the ablest and most far-sighted medical officers of health, Dr. R. Veitch Clark of Manchester, before his recent retirement had already had the assistance of one such as a coadjutor in that great city. And we all know that what Manchester thinks to-day, the rest of the country thinks to-morrow.

Education

Under present conditions it is very difficult, of course, to get together either the students for their educational work or those who have been selected as the associates and fellows to confer together or undertake courses for their mutual education. There has been some attempt by the voluntary hospital officers to hold refresher courses which, in some respects, were analogous to the Institutes with which you are familiar. All the or-

(*Concluded on page* 68)



Rough, "whiskered" strand *Smooth Curity strand*

One picture worth a thousand words—a simple, magnified photograph of a strand-surfaced Curity Suture.

A glance will tell how easily Curity Catgut Sutures can be placed and tied—how much such a smooth strand surface contributes to uniformity of absorption.

Strand surfacing is one of the more important *extra* qualities offered by Curity Catgut Sutures. It demonstrates dramatically how research applied to manufacturing and inspecting procedures continues to raise the already high standard of Sutures bearing the name Curity.

BAUER & BLACK

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

LEASIDE (TORONTO) ONTARIO

Here and There

By the EDITOR

A Sure-fire Agent

We have just heard a story that seems to prove conclusively that an insurance company's "lot is not a happy one". One of the South American branches of a well-known firm engaged a new agent—a native son who was very hopeful of selling a policy to one of his friends.

Sure enough, he put through the deal, a $10,000 policy with a double indemnity in case of death by misadventure. Unfortunately, the friend was a little short of ready cash, so the agent, anxious to make good on his first assignment, lent his friend the money for the initial payment and took a three months' note.

More unfortunately still, when the three months were up the agent got a letter from his friend, with no money enclosed, and telling him instead that he had decided to drop the insurance.

The gentleman was annoyed. He paid his erstwhile friend another visit —and shot him dead. Whereupon the policy went into effect, and the company found itself paying out $20,000 for the action of one of its own agents!

The agent was convicted of murder —and got six months in prison. At that rate, if his temper remained as fiery and if his list of prospects was even moderately large, he could cost the company a pretty penny per year. In fact as time went on he would be an expensive gadget to have around. As the officials of the company must have murmured sadly to each other: "It isn't the initial cost, it's the upkeep."

Cherchez la Femme!

Women have been blamed for the downfall of man ever since the days of the crab-apple tree back of the old barn in the Garden of Eden. If we ever lacked evidence we have it now, for if there isn't our old friend and advisor, Malcolm T. MacEachern, going around on crutches. They say it was all due to his never-lessening interest in feminine beauty.

It seems that he was indulging his favourite form of recreation, going to nurses' graduations, and this time the bestarched class was so beautiful that Mac simply had to get a permanent record on his camera. So intent was he on his pleasant task that a dark, jealous cable (probably made in Japan) surreptitiously tripped him and sent him to hospital with an injured knee.

We are just wondering, could it be possible that our amateur photographer planned this so he could see more of these lovely nurses?

* * *

Regrets

It is regretted that, owing to the unexpected late change in dates for the British Columbia meeting, it will be impossible for the President and Secretary of the Canadian Hospital Council to attend that meeting as planned.

Wayside Hints

An amusing story of how that many-times-revised and said-to-be divinely revealed book, "Science and Health", the guiding light of Christian Scientists, came to include a chapter written by an ex-Unitarian minister is told by Frederick W. Peabody. Mr. Peabody was the Boston lawyer whose revealing book, "The Religio-Medical Masquerade", is not popular with those who do not like to admit the marked similarity between Mrs. Eddy's "revelation" and the writings of an earlier and little known magnetic healer, Dr. Phineas Quimby, from whom she had taken treatments, who, in her own words, "healed the sick as did Jesus" and from whom she is alleged to have freely stated in the early days that she had obtained her ideas.

It seems that a Mr. Wiggin, an ex-minister, was employed by Mrs. Eddy for years to put her productions into good English. He objected to a 15-page chapter in a forthcoming edition of "Science and Health" as libellous upon living persons. But with the whole manuscript electrotyped, how could the change be made without excessive cost?

Just at this time Mr. Wiggin, as ghost writer, wrote a sermon which Mrs. Eddy was to deliver. As Mrs. Eddy only wore spectacles when not in public, she did not read it very well; nevertheless the audience was so eulogistic of her sermon following the service that Mr. Wiggin had an idea. When she asked him "How did it go off?" he proposed putting it into the gap in the new edition of "Science and Health". "All of these people have heard you preach it today; it will be assumed that you wrote it . . ." She readily agreed.

Mr. Wiggin then trimmed it to suit the space and so it appeared, states Mr. Peabody, as "Wayside Hints" in the thirty-sixth and some later editions of the inspired "Science and Health".

Bank on this ---

Recent installations of blood banks and increased use of plasma are daily furnishing new evidence of the many advantages of Abbott's simple, easy-to-handle blood collection and venoclysis equipment. It is compact, flexible and efficient, with completely interchangeable fittings, making it suitable for blood collection as well as for simple or complex venoclysis and hypodermoclysis. The convenience in having a single system quickly available which can be used for both parenteral injection and blood collection is self-evident. ● However, the outstanding advantages of Abbott equipment are, after all, but a secondary consideration. Of major importance are the solutions themselves, which though packaged in bulk are made with the same meticulous care and rigid control as ampoules. Each manufactured lot of Abbott's complete line of intravenous solutions passes careful checks and rechecks in every stage of production. There are sterility and pyrogenic tests; there are pH determinations; there are light-inspections for color, clarity and freedom from foreign particles. ● In specifying Abbott, you secure the desirable combination of pure, sterile, pyrogen-free solutions, plus the convenience of Abbott's flexible and readily adaptable equipment. For a free 16-page illustrated booklet on Abbott intravenous solutions and equipment, write ABBOTT LABORATORIES LIMITED, MONTREAL

Abbott

Blood Collection and Venoclysis Equipment

° ° °

Intravenous Solutions

Hospital Salaries and Wages Show Considerable Variation

C.H.C. Studies Wage Schedules of General Hospitals of Different Sizes Across Canada

A STUDY of hospital salaries in Canada has been made by the Canadian Hospital Council. To obtain a fair cross-section which would be representative of all types and sizes in different parts of the country, every third general hospital on the list, large or small, was selected. This list was then revised to eliminate hospitals obviously atypical and to include others known to be typical of their group. The list, covering some 250 in all, was then divided according to bed capacity.

As some hospitals provide varying degrees of maintenance and others provide none, all replies have been brought to a common basis of payment by placing a cash value on meals and room. The average figures have then been transcribed as cash plus a selected degree of maintenance depending upon the majority arrangement in that group.

In the case of Sisters' hospitals, the salary equivalents returned for the Sisters have not been included as the nominal amounts of some would have upset the average figures.

It will be noted that figures are seldom given by provinces. There was considerable variation in the salaries and wages reported and, in some size groups, the number included from a particular province was small. To have attempted, therefore, to average some of the replies received might not have given a fair picture of the average amounts actually paid.

These figures were sent to the hospitals replying to the questionnaire early in the summer. In some areas wages and salaries may have risen since these figures were obtained.

Hospitals up to 25 Beds

Superintendent	The average salary for Canada was $73.80 plus full maintenance. The highest salaries were paid in British Columbia.
Assistant Superintendent	Only three replies showed an assistant superintendent in this group of small hospitals. The average salary paid was $70.00 plus full maintenance.
Secretary-Treasurer or Accountant	Four hospitals in the Prairie Provinces had part-time secretary-treasurers with an average salary of $40.00 a month and no maintenance.
Superintendent of Nurses	No hospital in this group reported a superintendent of nurses as well as a superintendent.
General Duty Graduates	The average salary paid was $53.50 plus full maintenance.
Pupil Nurses	No hospital in this group reported a training school.
Cook	$25.00 plus full maintenance was the average salary for Canada. The lowest salaries returned were in the Prairie Provinces.
Kitchen Help	The average here was $23.90 plus full maintenance. The figures varied from $10.00 in one Saskatchewan hospital to $40.00 in a Quebec hospital.
Housekeeper	Only four hospitals in this group reported housekeepers. The average was $30.00 plus full maintenance.
Janitor	The janitor received $43.20 per month plus full maintenance as an average across Canada. In two instances where he lived out the salaries were $80.00 and $85.00.
Maids	The average arrangement for Canada was $16.95 plus full maintenance. The range varied from $10.00 with maintenance to $25.00 with maintenance. The salaries were less in the Prairie Provinces.
Orderlies	Only two of the hospitals reporting had orderlies. One in Montreal paid $50.00 with full maintenance, and one in Saskatchewan paid $20.00 with full maintenance.

General Note

For the other personnel so many of the replies indicated a lack of such individuals that it did not seem wise to attempt to generalize the replies obtained. These indicated a lack of such personnel as technicians, medical record librarians, dietitians, physiotherapists, pharmacists, painters, etc. Oddly enough no hospital in this group reported departmental supervisors.

Hospitals of 26-50 Beds

Superintendent	The average salary across Canada was $103.00 plus full maintenance. Ontario showed the highest average salary of $122.00. The Prairie Provinces, the Maritimes and B. C. were paid in the $90's.
Assistant Superintendent	The average for Canada was $76.50 plus full maintenance. These were reported for the Eastern Provinces only, the salaries ranging from $70.00 in Ontario and Nova Scotia to $100.00 in a Quebec industrial hospital.

CHOLEX *The* HIGH FAT *meal in modern* CHOLECYSTOGRAPHY

Collins and Root. "The fat meal . . . of Levyn . . . has not interfered with the roentgen examination of the stomach and small intestines on the same day the cholecystograms are made." *Collins, E. N. & Root, J. C., Newer Developments in Cholecystography, Cleveland Clinic Quart.* P 85, '37.

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Sussman, M. L., "In about 30% . . . cystic duct, with or without the common, is visualized in anywhere from 5 to 30 minutes later . . . the demonstration of a normal cystic and common duct is a valuable confirmation of a normal function of the gall bladder and the sphincter of Oddi." *Sussman, M.L., Emptying of the Normal Gall Bladder, Amer. Jr. Roent.* 38: P 867, *Dec.* '37.

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Kirklin, B. R., "The interim fatty meal is highly useful . . . to exhibit to better advantage papillomas or stones . . . more readily visible in a small amount of opaque medium . . . to distinguish by the fact that it does alter in size, a true cholecystographic shadow from a primary shadow by a diseased gall bladder." *Kirklin, B. R., Accurate Technique in Cholecystography. Amer. Jr. Roent.* 25: P 595, *May* '31.

The diagnostic importance of CHOLEX, the *Modern* HIGH-FAT *Meal* is in its ability to ***bring into observation*** conditions of the gall bladder which ordinarily escape detection.

The administration of CHOLEX, permits serial observation of the gall bladder within 5 minutes after its ingestion. This ***technique*** is fundamental for the cholecystographic demonstration of small stones, polyps, cholesterosis and visualization of the common and cystic ducts.

CHOLEX renders an additional diagnostic advantage by permitting simultaneous correlation with a G.I. study in 30 minutes.

The possibility of overlooking adhesions of the gall bladder to the intestinal tract is therefore reduced to a minimum.

- **Administered in X-Ray Department**
- **Rapid—Serial Emptying Films**
- **Biliary Duct Delineation**
- **Immediate G.I. Follow-Up**

CHOLEX is a flavored mixture of egg yolk, lecithin and glycerine. . . . It is palatable . . . stable . . . especially suited for those patients who have an aversion for the regulation Fat Meal.

CHOLEX is packaged in 30 cc. individual doses and lists as follows:
A3026—CHOLEX, gross pkge., $52.80
A3025—CHOLEX, per dozen . 5.10
A3024—CHOLEX, each 50

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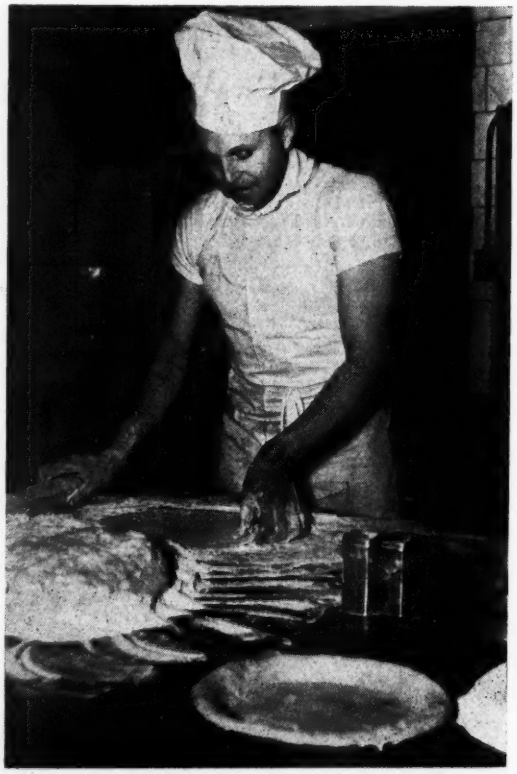
X-RAY DIVISION - TORONTO, ONTARIO
CESA APPROVED CANADIAN MADE X-RAY EQUIPMENT
MONTREAL TORONTO LONDON WINNIPEG EDMONTON VANCOUVER

Business Manager	Three Prairie Provinces hospitals reported having combined business manager, accountant and purchasing agent with an average salary of $118.00 with no maintenance.
Accountant	The average for Canada was $74.50 with three meals.
Superintendent of Nurses	Only one hospital, (B. C.), reported a superintendent of nurses, and in this case a doctor was superintendent of the hospital.
Instructress	One Prairie hospital reported an instructress with a salary of $70.00 with full maintenance.
Night Supervisor	Only a few hospitals in this group reported night supervisors. The average for Canada was $67.00 with full maintenance, and for Ontario was $69.75 plus maintenance. Two Prairie hospitals reported night supervisors, one paying $45.00 with maintenance and the other $75.00 with maintenance.
Operating Room Supervisor	The average for Canada was $72.30 plus full maintenance. The average for the Prairie Provinces was $74.75 with maintenance, the highest paid being $80.00 and the lowest $55.00.
Obstetrical Supervisor	Average salary, $71.66 with full maintenance.
General Duty Graduates	The average for Canada was $61.85. For Ontario it was $61.25, for the Prairie Provinces $62.50, and for B. C. $63.75—all with full maintenance. There were not sufficient replies from the Maritimes and Quebec to strike an average. One hospital in the Maritimes paid $60.00 with full maintenance, and one hospital in Quebec paid $45.00. The highest salary of $80.00 was paid in Ontario.
Pupil Nurse	First year, $6.00; second year, $7.00 and third year, $8.00. One school gave free books to the students.
Technicians	Based on a small number, the average in Ontario was paid $85.00 with full maintenance, and in the Prairie Provinces, $72.50 plus maintenance.
Dietitian	The average salary for Canada was $64.80 with full maintenance. However, only six hospitals in this group reported dietitians. In one case the duties of dietitian and technician were combined.
Chef	The average for Canada was $39.90 plus full maintenance. The highest salaries were in B. C. with an average of $53.25, and the lowest in Quebec and the Prairie Provinces with averages of $31.00 and $35.00 respectively.
Kitchen Help	Here again the highest salaries were in B. C., one hospital paying $40.00 with maintenance, and the lowest were in Quebec with an average of $17.50. The Maritime Provinces did not make sufficient replies to strike an average. In Ontario the average was $23.80 plus full maintenance and in the Prairie Provinces $22.20 with maintenance. The average for Canada was $23.30 with full maintenance.
Housekeeper	Only two hospitals reporting had housekeepers, one receiving $18.00 and one $65.00 with full maintenance.
Janitor	The average for Canada was $72.25 plus full maintenance. The average for Ontario was $56.75, for the Prairie Provinces $62.10 and for B. C. $112.50 (2 replies only), all adjusted as if with full maintenance.
Firemen	Here the salaries ranged from $50.00 with full maintenance to $22.00 with three meals. The average



Can He Bake a Cherry Pie?

Or perhaps they're apple. At any rate it looks like a good dinner for the patients at a certain casualty clearing station in England. Sgt. J. E. Bodde formerly of Ottawa, wields the rolling-pin.

Photograph Courtesy Army Public Relations, Ottawa.

for Canada was $38.35 with maintenance.

Laundry Foreman — The average for Canada was $36.80 with full maintenance. Replies from the Maritimes and Quebec were not sufficient to quote an average. In the remaining groups B. C. had the highest average with $47.85, Ontario $41.50 and the Prairie Provinces $32.15.

Assistants — The salaries ranged here from $50.00 with full maintenance (paid in a Prairie hospital) to $15.00 with three meals ((in Quebec). The average in Canada was $20.85 with full maintenance.

Ward Aides — The average across the country was $20.45 with full maintenance. The Prairie Provinces were the only group to make sufficient returns to strike an average, which was $22.15.

Maids — $20.70 plus full maintenance was the average for Canada. Ontario averaged $22.25, the Prairie Provinces $20.45 and B. C. $23.33.

Orderlies — Two hospitals from Quebec in this group reported employing orderlies, one paying $20.00 with full maintenance and one $50.00 with three meals. Only three Ontario hospitals reported orderlies, two paying $50.00 with maintenance and one $65.00 with three meals. One hospital in B.C. paid the orderly $85.00 with full maintenance.

Hospitals of 51-100 Beds

Superintendent — The average for Canada was $138.75, for the Maritimes $148.00, for Ontario $146.66, the Prairie Provinces $119.00 and B. C. $117.50—all with full maintenance. No replies were received from Quebec in this group.

Assistant Superintendent — Few hospitals in the group had assistant superintendents, and the majority of the hospitals reporting assistants were in Ontario where the average salary was $90.85 with full maintenance. One hospital in the Maritimes paid $80.00 with maintenance, one in the Prairie Provinces $70.00 and one in B. C. $75.00, both with maintenance.

Business Manager — Four hospitals in the Prairie Provinces reported business managers with an average salary of $139.00 with no maintenance.

Accountant — The average salary for Canada was $77.50 with one meal. The salaries were highest in Ontario with an average of $84.85 with one meal and lowest in the Maritimes with $61.60 plus one meal. The average in the Prairie Provinces was $68.10 with one meal.

Superintendent of Nurses — Only three hospitals reported superintendents of nurses. The average salary was $125.00 with full maintenance.

Instructress — About one-third of the hospitals in this group had instructresses. The average salary for Canada was $84.45, for Ontario $81.25 and for the Prairie Provinces $86.25—all with full maintenance.

Night Supervisor — The averages here (with full maintenance) were: Canada, $73.00; Maritimes, $75.00; Ontario, $74.00; and the Prairie Provinces, $68.85. Insufficient replies were received from Quebec and B.C. to strike an average.

O. R. Supervisor — The highest salaries were paid in Ontario with an average of $80.70 with maintenance, and the lowest in the Prairie Provinces with $66.00 plus maintenance. For the Maritimes it was $78.85 with maintenance. The average for Canada was $76.00 plus maintenance.

Obstetrical Supervisor — Judging by the replies, very few hospitals of this size seem to have obstetrical supervisors. The average for Canada was $71.50 with maintenance.

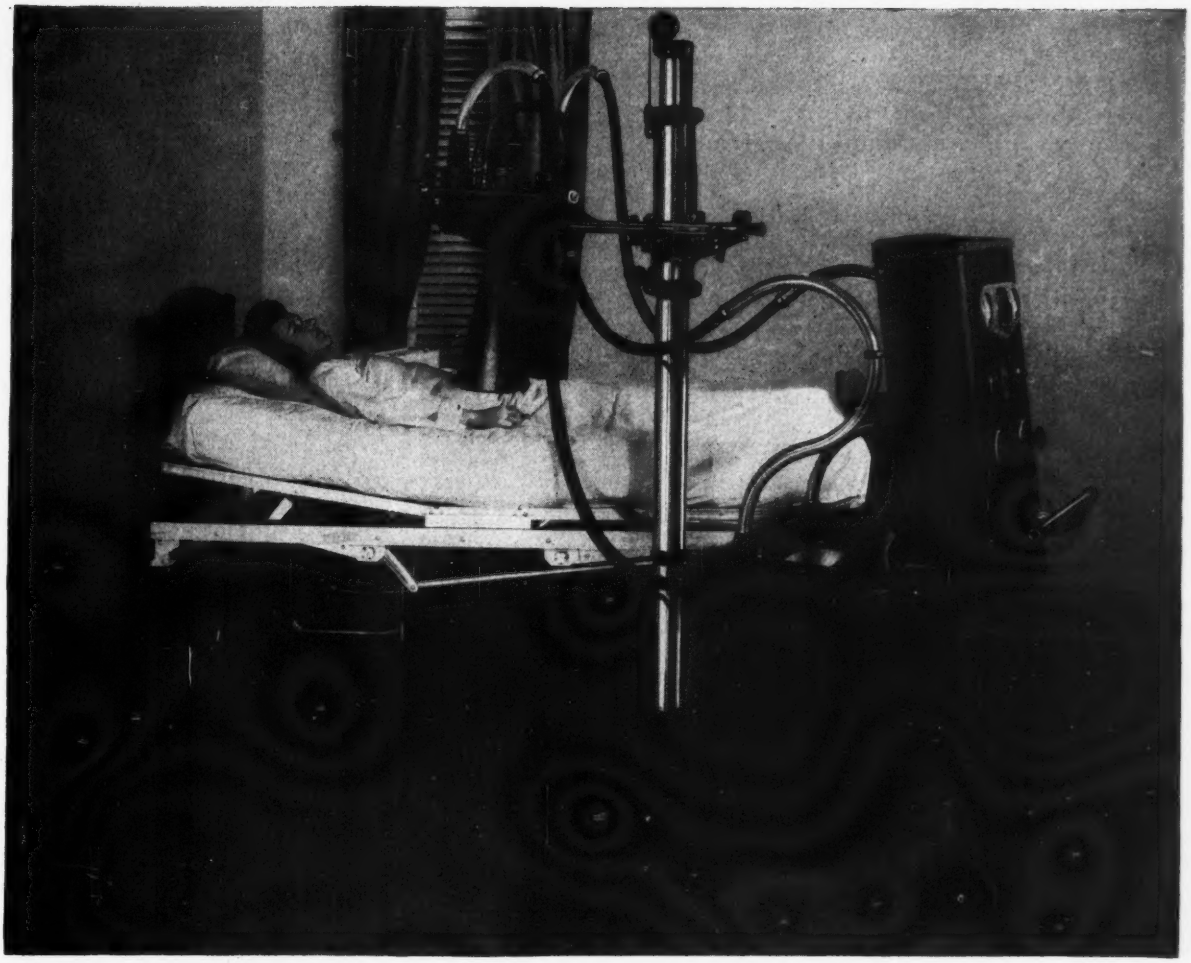
Other Supervisors — Salaries ranged from $45.00 to $85.00 plus maintenance in this group, with an average for Canada of $62.66.

General Duty Graduates — Higher salaries were paid in B. C. on the average than in the other provinces, the average being $73.75 with maintenance. The Maritimes had the lowest average, paying $49.15 plus maintenance, with $58.00 for Ontario and $53.10 for the Prairie Provinces. The Canadian average was $57.00.

Pupil Nurses — Of the hospitals replying, 44.8% had training schools, paying on the average: 1st year—$5.00, 2nd year—$7.55, 3rd year—$9.45. (One hospital gave books but did not pay the student.)

Technicians — The averages with maintenance were: for Canada—$75.45, for Maritime—$73.75, for Ontario—$76.25, for Prairie Provinces—$73.50 and for B. C.—$79.60. The salaries ranged from $60.00 with full maintenance to $125.00 with one meal.

Medical Record Librarians — Only one hospital in this group (Ontario) reported having a medical record librarian. The salary was $70.00 with three meals.



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Clinical data is proof of x-ray therapy's broad usefulness in—to name a few conditions—acute peritonitis, postoperative parotitis, cellulitis, and gas bacillus infection (gas gangrene).

And x-ray therapy's effectiveness in these conditions would alone justify the moderate investment in a G-E Model KX-10 Mobile Therapy Unit.

Giving greatly increased range to x-ray treatment benefits—bringing them silently and swiftly from the x-ray department to the bedside—the KX-10 is value-plus in treating patients who cannot be moved.

Plus-powered, too, for the effective treatment of deeper-seated trunk infections, this busy unit that helps make x-ray facilities complete, operates at a maximum rating of 140 kvp.

Begin today to get x-ray's benefits where you want them—when you want them. Authoritative medical reprints citing clinical experiences with x-ray in the treatment of infections and a free, illustrated booklet on the Mobile KX-10 will be sent you on request. Address Dept. L89, today.

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Women's First Aid Unit in Russian Apartment House.

Dr. Smelzer Honoured

Dr. Donald C. Smelzer, formerly of Montreal and now managing director of Germantown Hospital, Philadelphia, has been named President-Elect of the Hospital Association of Pennsylvania. Dr. Smelzer, after returning from service in the C.A.M.C. and the R.A.M.C., became assistant to Dr. A. K. Haywood at the Montreal General Hospital. From there he became assistant superintendent of the Buffalo General Hospital, then director of the Charles T. Miller Hospital at St. Paul and, for eleven years, director of the Graduate Hospital of Philadelphia.

Dr. Smelzer has been president of the Minnesota Hospital Association and trustee of the American Hospital Association, as well as being active in the American College of Hospital Administrators.

Chief Dietitian — Only about half of the hospitals reporting employed dietitians. Their average salary, including maintenance, for Canada was $66.90. The Prairie Provinces paid the lowest with an average of $59.70. The Maritimes paid the highest with $70.00 as an average. However, this included only two hospitals. The average for Ontario was $69.70.

Chef — With full maintenance the average salaries of chefs for Canada was $57.40. On the average the Maritimes paid $40.00, Ontario $63.10, Prairie Provinces $52.85 and B. C. $71.25 with full maintenance.

Kitchen Help — Average for Canada—$23.20; for the Maritimes—$16.50; for Ontario—$24.10; for the Prairie Provinces—$20.75; and for B. C.—$38.33—all with full maintenance.

Janitor — The Canadian average with maintenance was $82.50. Insufficient replies were received from the Maritimes and Quebec to work out an average. The other provinces averaged: Ontario $82.65 with maintenance, Prairie Provinces $86.15 and B. C. $80.66, both with maintenance.

Janitor Assistants — Ontario was the only province reporting enough assistants to strike an average. This was $68.33 with full maintenance.

Firemen — Averages were, Canada $59.40, Maritime Provinces $62.50, Ontario $63.75, Prairie Provinces $54.50—all with three meals.

Laundry Foremen — Ontario had the highest average wage for laundry foremen with $58.05 and full maintenance. The Canadian average was $46.66; Quebec, $26.25 and the Prairie Provinces $43.10 with full maintenance.

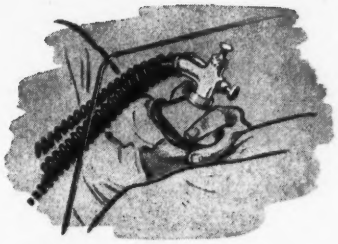
Laundry Assistants — Assistants across Canada were paid an average of $35.95 with three meals. Quebec paid $29.10 with three meals, Ontario $39.65 with three meals and the Prairie Provinces $36.15 with three meals.

Ward Aides — Wages were fairly uniform across Canada. About 50% received full maintenance with wages from $15.00 to $25.00. The other 50% received from $20.00 to $44.00 with three meals.

Maids — Averages: Canada, $23.25 with full maintenance; Maritimes, $17.66 with maintenance; Ontario, $24.45 with maintenance; Prairie Provinces, $18.50 with maintenance; and B. C., $36.66 with maintenance. A few hospitals gave three meals only. In the Maritimes two hospitals did this, paying $15.00 a month plus three meals. In Ontario one hospital paid $30.00 plus three meals, in the Prairie Provinces one paid $20.00 plus three meals, and in B. C. one paid $44.00 plus three meals.

Orderlies — Returns in this class were insufficient to quote averages for the provinces. The Canadian average was $46.00 with full maintenance, and $62.90 when three meals were given.

(Salary and wage figures for hospitals of 101-200 beds capacity, of over 200 beds capacity and salaries for radiologists, anaesthetists and pathologists will appear in the November issue.)



During Anaesthesia

this sustained-action vasopressor acts to stabilize blood pressure and usually decreases heart rate

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Hydrochloride

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Supplied in 1 c.c. ampules; and in rubber-capped vials containing 5 c.c. of a sterile 1% solution. Average subcutaneous dose: 0.5 c.c.

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New Rulings by Control Boards

Sugar

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Rates for Clergy

Stainless Steel

Oil

Collapsible Metal Tubes

Sugar

Order No. 176 Respecting Sugar Rationing, effective 5th September, 1942, and Order No. 177 Respecting the Rationing of Tea and Coffee, of the same date, again revises the arrangements concerning these commodities.

On September 3rd a bulletin was sent to all public caterers and institutions, accompanied by Form B and a sample monthly report.

Order No. 176 applies to hospitals. Section 19 (1) reads as follows:

"Every operator of an institution shall obtain from each person entering such institution with the intention of *residing therein for two weeks or longer*, his ration book or card, and after such person has resided in such institution for two consecutive weeks such operator shall detach from such ration book or card one sugar coupon and thereafter shall detach one sugar coupon at the expiration of each succeeding period of two weeks during which such person continues to reside in such institution."

It will be noted that this cancels the former unpopular arrangement for taking off a coupon for those in from eight to fourteen days.

Section 18 reads as follows:

"(1) On and after October 1, 1942, no operator of an institution shall purchase any sugar

(a) unless a quota has been set and notified to such operator and his registered supplier by or under authority of the Supervisor of Rationing, and

(b) unless for each purchase he completes, signs and surrenders to his registered supplier, at the time of purchase, a requisition for the quantity of sugar being purchased.

(2) No operator of an institution shall buy or offer to buy any sugar in excess of the quota referred to in subsection (1) of this section and no person shall sell or offer to sell to any operator of an institution any sugar in excess of such quota."

It is provided in Section 19 (2) that the administrator shall forward detached sugar coupons at least once a month to the office of the Board, stating the name and address of the institution and the number of coupons so forwarded.

All hospital administrators must keep available for inspection the exact amount of all sugar purchased by them and the respective use of each quantity thereof. Sufficient documentary evidence must be available to permit the account to be readily audited.

Tea and Coffee

Order No. 177 relating to tea and coffee embodies practically the same requirements.

The notice to public caterers and institutions of September 3rd relating to the quota rationing of tea, coffee and sugar, effective October 1st, was received after the September Journal had gone to press. By the time this issue is received at the hospitals adequate action will already have been taken by each hospital, as it was specifically stated that no hospital would be able to buy tea or coffee on or after October 1st unless the quota had been set.

This quota will have been set by Ottawa after receipt of Form B made out in triplicate, being an application for registration as a tea and/or coffee user.

Reduced Rates for Clergy

The Wartime Prices and Trade Board, in Order No. T.C. 02 P., discontinued reduced rates on railways. This included bargain fares across Canada and Convention Identification Certificate plans.

As sisters and clergymen have been accustomed for some years to receive greatly reduced rates for travel, the Canadian Hospital Council took up with the Department the matter of their exemption or otherwise from this ruling. The Council has been informed by Transport Controller T. C. Lockwood that this Order will not be considered as affecting present reduced rates available to clergymen.

Stainless Steel

Order No. S.C. 19, Department of Munitions and Supply, gazetted September 15th, 1942, forbids the purchase, sale, supply or use of stainless steel without the approval of the Steel Controller. In order to obtain such approval it is necessary to file with the Controller a request in duplicate stating:

(a) The name and address of such person; and

(b) The type, finish, size, gauge and weight of each item of the stainless steel required; and

(c) The uses to which the articles or commodities to be made with the use of the stainless steel ordered are to be put; and

(d) The allocation classification symbols and purchaser's symbols required by Order No. P. O. 1 for such use; and

(e) Any preference or other rating such person may have under the *Production Requirements Plan.*

Burning Oil

Order No. 004 A, Department of Munitions and Supply (gazetted September 7th, 1942), forbids the sale or installation of new oil-burning machines, the use of fuel oil except in certain specified circumstances and the increase of oil-fuel storage capacity. However, "the provisions of this Order shall be subject to any permit or Order issued by the Oil Controller to *meet exceptional circumstances*".

Collapsible Metal Tubes

An order respecting the salvaging of used collapsible metal tubes (Order No. 175, W.P. & T.B.) was issued on September 8th. This forbids the destroying or throwing away of any used collapsible metal tube or the disposing of it in any manner other than to deliver it to a retailer. Such is defined as the operator of a retail store, department store, mail order establishment, any peddler or house-to-house salesman or any other person who sells any preparation at retail to any consumer.

Hospitals are not specifically mentioned in this portion of the order, nor are consumers defined. But as hospitals are generally considered to come under the term "consumers", it would be well for hospitals to conform to this order.

Section 3 of the Order requires

(*Concluded on page* 78)

Help Avert Adhesive Shortage

Use for dressings only ★ ***use narrower widths***

● **While we foresee no immediate shortage of "Z O" Adhesive Plaster, the armed forces of the United Nations have first call on this as well as on all other surgical dressings. An important component of adhesive plaster is rubber, of which Canada has not enough.**

Conserve every inch of adhesive you can! Use it only for dressings. Use narrower widths and fewer strips. This will help avert a shortage.

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World's Largest Makers of Surgical Dressings

Excellent Programme for Ontario Meeting

Meetings with Ontario Hospital Association Several Associations Group their Annual

Arranged Chronologically

Ontario Conference, Catholic Hospital Association

Tuesday, October 27th

9:45 A.M. *Registration*

10:00 A.M. **Opening Session**

Chairman: Sister M. Evangeline

Address of Welcome
Reverend Sister M. Nativity

Greetings from our Conference Chaplain
The Rev. F. J. Brennan

Greetings from the Canadian Advisory Board
Reverend Mother M. Margaret

Business Session

The President's Address
Sister M. Evangeline

Reports of Standing Committees with Discussion

1. *Programme*
   Sister M. Evangeline
2. *Arrangements*
   Sister Mary of the Nativity
3. *Constitutions and Legislative*
   Sister M. Vincentia
4. *Nurse Education*
   Sister M. St. Elizabeth

Report of Delegates

1. *Montreal Meeting Canadian Catholic Hospitals*
   Sister M. St. Albert
2. *Biennial Meeting Canadian Nurses Association*
   Sister M. Evangeline

11:15 A.M. *The Hospital Dietitian's Participation in the National Nutrition Programme*
Sister M. Frances, C.S.J.

11:30 A.M. *The Spiritual Life of the Hospital Sister in a time of National Crisis*
Reverend J. A. Keating, S.J.

12:30 P.M. Luncheon

2:00 P.M. *Individual and Group Spiritual Guidance of Student Nurses in our Catholic Schools of Nursing*
Reverend H. W. Daly, S.J., National Chaplain, C.C.Y.U.

3:00 P.M. *The Educational and Professional Guidance of Student Nurses in our Catholic Schools of Nursing*
A Religious of St. Mary, St. Louis, Mo.

4:00 P.M. *The Library of the School of Nursing*
A Religious of St. Mary, St. Louis, Mo.

4:30 P.M. *Comments on the National Health Programme*
The Rev. F. J. Brennan

4:40 P.M. **The Ward Teaching Programme**

1. *In-service Education*
   Sister Marion, C.S.J., Chatham
2. *Interdependence of Classroom Teaching and Clinical Experience*
   Sister Gonzaga, C.S.J., Peterborough
3. *Special Methods of Clinical Teaching*
   Sister M. Irma, C.S.J., Toronto

The Organization of the Ottawa University School of Nursing
Sister Madeleine of Jesus, s.g.c., Ottawa

7:00 P.M. **Benediction of the Most Blessed Sacrament**
His Excellency the Most Reverend J. C. McGuigan, D.D., Archbishop of Toronto

8:00 P.M. **Entertainment**
Chairman, the Rev. F. J. Brennan

8:30 P.M. *Priorities, Rationing, Price Control*
Harvey Agnew, M.D.

9:00 P.M. *Hospital Service for Civilian Casualties*
B. T. McGhie, M.D., Deputy Minister of Health and Hospitals, Province of Ontario

* * *

Ontario Hospital Association

Wednesday, October 28th

8:00 A.M. Breakfast Meeting,
Women's Hospital Aids Association
Speaker: Byrne Hope Sanders, Director, Consumer Branch, Wartime Prices and Trade Board

9:00 A.M. Registration

10:00 A.M. **General Session**

Chairman: Miss E. M. McKee, Brantford

Symposium: Air Raid Precautions

1. *How to Prepare for and Cope with a Blackout in Hospital.*
   Sister M. Zephyrinus, Superintendent, St. Michael's Hospital, Toronto
2. *What should the hospital do to prepare for medical and surgical emercies?*

Q. I've heard that canners just use the surplus crops. Is that true?

A. No. As a matter of fact, many of the varieties used for canning can not be obtained in any other form. Most canners contract for their crops for canning, months in advance. They usually specify the variety of fruit or vegetables wanted. And in many cases this means furnishing seeds or plants especially developed for their purposes. (1)

American Can Company, Hamilton, Ontario;
American Can Company Ltd., Vancouver, B.C.

(1) 1939. Agr. Expt. Sta. Univ. Wisconsin, Bul. 444.
1939. Univ. Maryland Agr. Expt. Sta. Bul. 425.
1937. U. S. Dept. Agr. Farmers Bul. 1253.
1937. Univ. Illinois Agr. Expt. Sta. and Extension Service in Agr. and Home Econ. Circular 472.
1929. Univ. Maryland Agr. Expt. Sta. Bul. 318.

Dr. J. Harold Couch, University of Toronto

3. *How can the medical staff of the hospital be organized to meet these emergencies?*
   Dr. Charles B. Parker, Medical Superintendent, Toronto General Hospital
4. *How to prepare for and cope with a Gas Attack.*
   Mr. V. L. Gladman, B.Sc., Department of Public Works, Province of Ontario
5. *Auxiliary Power*
   Mr. W. R. Catton, General Manager, Brantford Public Utilities Commission

12:30 Noon **Luncheon Meeting**

Chairman: Mr. Clarke Keith, President
Secretary's Report
Dr. Fred W. Routley
Official Opening of the Exhibits
Address: *The Hospital in War*
Dr. Malcolm T. MacEachern, Associate Director, American College of Surgeons

2:30 P.M. **General Session**

Chairman: Mr. A. J. Swanson, President, Toronto Hospital Council

Panel Discussion: **Hospital Administration in Wartime**

1. *The Outlook for Surgical and Drug Supplies*
   Mr. C. C. White, Phm. B., President, Canadian Pharmaceutical Manufacturers' Association
2. *The Purchasing Department*
   Mr. John Hornal, Superintendent, Nicholl's Hospital Trust, Peterborough
3. *The Dietary Department*
   Miss Edith Wark, Chief Dietitian, Toronto Western Hospital
4. *Intern Service*
   Dr. W. Douglas Piercey, Superintendent, Ottawa Civic Hospital
5. *Personnel Problems*
   Mr. C. J. Decker, Superintendent, Toronto General Hospital
6. *Discussion*

The Canadian Association of Medical Record Librarians will also meet on Wednesday afternoon.

Thursday, October 29th

(Sectional Meetings)

Nursing Section

9:15 A.M. **General Session**

Chairman, Miss Pearl L. Morrison, Superintendent, Queen Elizabeth Hospital, Toronto

1. (a) *The need of qualified nurse administrators and necessary qualifications*
   Miss Rahno Beamish, Assistant Director of Nurses, Toronto Western Hospital
   (b) *Opportunities available for Post-Graduate Training in Administration*
   Miss Nettie Fidler, Toronto University School of Nursing
2. *How Hospital Nurse Administrators Can Promote Better Nursing Care*
   (a) *Prevention of Nursery Infections*
   Miss Mary Thompson, Obstetrical Supervisor, Hamilton General Hospital
   (b) *Prevention of Paediatric Infections*
   Dr. Elizabeth Chant Robertson, Hospital for Sick Children
   (c) *Chronic Infections—Care Indicated*
   Discussion opened by Miss Hilda Bennett, Provincial Department of Health

Women's Hospital Aids Association

(meeting as O.H.A. section)

Chairman: G. Harvey Agnew, M.D., Secretary, Department of Hospital Service, Canadian Medical Association

9:00 A.M.

1. *Hospital Group Insurance*
   Mr. N. H. Saunders, Director, Plan for Hospital Care
2. *Blood Storage*
   Major George Shanks, Pathologist, Toronto Western Hospital
3. *Poliomyelitis*
   Dr. W. N. Turpel, D.P.H., Assoc. Epidemiologist, Provincial Department of Health
4. *The Contribution of Women's Auxiliaries to Hospital Service*
   Dr. William Blatz, Professor of ciate Director, American College of Surgeons
5. *Child Problems in War Time*
   Dr. William Bltaz, Professor of Child Psychology, University of Toronto
6. *Questions and Discussion*

Medical Record Librarians' Section

Chairman: Miss Isobel Marshall, President, Canadian Association of Medical Record Librarians

10:00 A.M.

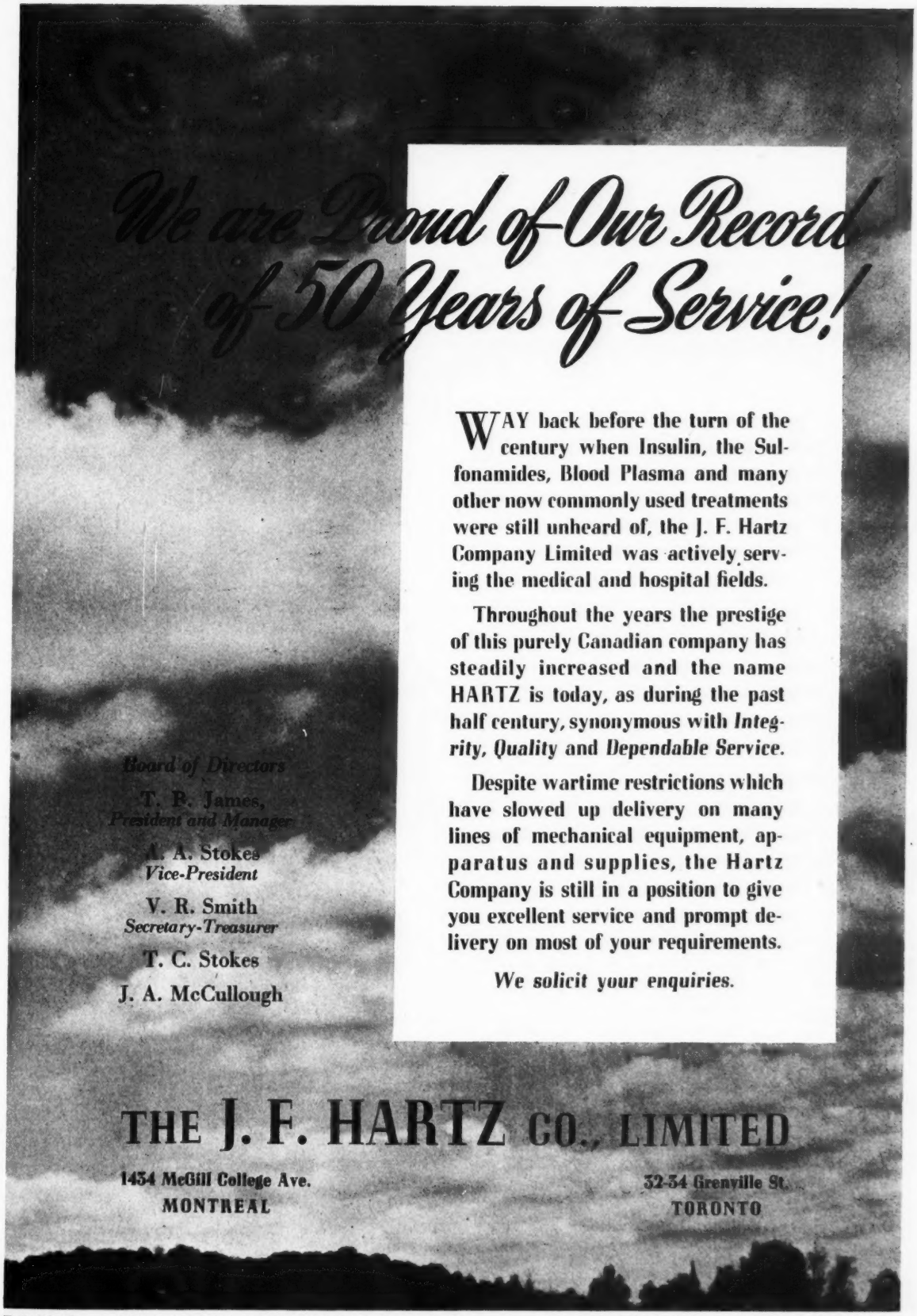
1. *Medical Records in Compensation Work*
   Dr. D. E. Bell, Workmen's Compensation Board
2. *Medical Records in a Cancer Clinic*
   Mrs. Shirley Gordon, Ontario Institute of Radiotherapy, Toronto General Hospital
3. *Round Table Discussion*
   Conducted by Dr. Malcolm Mac Eachern, Associate Director, American College of Surgeons
4. *Unfinished Business*
5. *Election of Officers*

Dietetic Section

Chairman: Miss D. E. McNaughton, Toronto, General Hospital, President, Toronto Dietetic Association

9:30 A.M.

1. *Wartime Regulations in the Dietary Department*
   Miss Edith Wark, Chief Dietitian. Toronto Western Hospital
2. *The Compiling of a Diet Manual and its*


We are Proud of Our Record of 50 Years of Service!
WAY back before the turn of the century when Insulin, the Sulfonamides, Blood Plasma and many other now commonly used treatments were still unheard of, the J. F. Hartz Company Limited was actively serving the medical and hospital fields.
Throughout the years the prestige of this purely Canadian company has steadily increased and the name HARTZ is today, as during the past half century, synonymous with Integrity, Quality and Dependable Service.
Despite wartime restrictions which have slowed up delivery on many lines of mechanical equipment, apparatus and supplies, the Hartz Company is still in a position to give you excellent service and prompt delivery on most of your requirements.
We solicit your enquiries.
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FINE PHARMACEUTICALS — HOSPITAL SUPPLIES

Use in the Hospital
Rev. Sister Mary Francis, Chief Dietitian, St. Michael's Hospital, Toronto

3. *Nutrition in the Public Health Field*
Miss Dorothy Shantz, Supervisor, Nutrition Service, Division of Public Health Nursing, Toronto

4. *Nutrition in a War Plant*
Mrs. Florence Ignatieff, Chief Dietitian, General Engineering Co. Ltd.

5. *Discussion*
Led by Dr. Alice C. Willard, Assistant Professor, Department of Household Science, University of Toronto

Medical Social Workers Section
and annual meeting of the
Medical Social Workers Association of Ontario

Chairman: Miss Lillian Oliver, Social Worker, Ontario Hospital, New Toronto

9:30 A.M. *Annual reports of the Association*
Reports of Special Committees
Election of Officers

2:00 P.M. (O.H.A.) **General Session**
Chairman, Dr. Harvey Agnew, Secretary, Canadian Hospital Council

1. Principles of Health Insurance as they Apply to Hospitals

(a) *Principles of Health Insurance as Recommended by the Canadian Hospital Council*
Dr. George F. Stephens, President, Canadian Hospital Council

(b) *The Voluntary Hospital and Health Insurance*
Rev. F. J. Brennan, London, Member C.H.C. Committee on Health Insurance

(c) *The Medical Profession and Health Insurance*
Dr. T. C. Routley, General Secretary, Canadian Medical Association

General Discussion led by Dr. J. H. Holbrook, Hamilton and Miss Priscilla Campbell, Chatham

2. (a) *The Ontario Hospital Association Plan for Hospital Care*
Mr. N. H. Saunders, Director

(b) *The General Trend of Hospital Care Plans*
Mr. A. J. Swanson, Ontario delegate to the American Hospital Association House of Delegates

7:15 P.M. **Annual Banquet**

Introduction of Guests
Dr. F. W. Routley

President's Address
Mr. Clark Keith, President

Address
Mr. James A. Hamilton, F.A.C.H.A., President, American Hospital Association; Director, New Haven Hospital, New Haven, Conn.

Dance
Ballroom

Motion Picture Programme
Arranged by Mr. Harry G. Haynes, member Toronto Amateur Movie Club, assisted by Dr. Malcolm T. MacEachern and Dr. A. I. Willinsky

Friday, October 30th

9:30 A.M. **General Session**
Chairman: Mr. J. H. W. Bower, Toronto

1. *Blood Storage and Blood Substitutes*
Dr. Charles H. Best, Professor of Physiology and Director of Banting Institute, University of Toronto

2. *A Study of Conditions in the Obstetric and Paediatric Services of a Group of Ontario Public Hospitals*
Dr. F. B. McClure, Department of Health, Province of Ontario

3. *Nursing To-day*
Miss Marjorie Buck, R.N., Emergency Nursing Advisor, Registered Nurses' Association of Ontario

4. *V. A. D. Service*
Miss C. E. Jackson, Commandant, Brantford Detachment Nursing Auxiliary Section, Canadian Red Cross Corps

5. *To What Extent should Nurses Assume new Clinical Responsibilities?*
Dr. G. Harvey Agnew, Secretary, Canadian Hospital Council

12:30 P.M. **Luncheon Meeting**

Chairman: Mr. E. A. Horton, St. Thomas

Public Hospitals and the War Effort
Dr. B. T. McGhie, Deputy Minister of Health, Province of Ontario

1:30 P.M. *Section Reports*
Resolutions
Election of Officers

2:00 P.M. **Meeting of the Executive Committee**

British Doctors' Cars

Despite the inconveniences now experienced by many doctors in obtaining adequate gasoline and in obtaining new tires, their difficulties are as nothing, states *Medical Economics*, compared to those accepted by British colleagues.

In Britain "petrol" is rationed on the basis of horsepower. Country practitioners who have to cover many more miles than town physicians were alloted additional supplies only after strenuous intervention by the British Medical Association. It's reported that many physicians still have to make repeated appeals before obtaining barely sufficient allotments.

New 'tyres' are prohibited to all civilians, and doctors must prove the urgency of their situation before they may obtain retreads. There is no priority for doctors to permit them to secure repair parts, which are rationed in Great Britain. Only in exceptional cases is the purchase of a new car authorized.

Payment for Hospitalization of British Refugees Authorized

Arrangements have been made through the Foreign Exchange Control Board for more certain payment of accounts for hospitalization of British refugees whose financial resources are still in Great Britain.

The following letter has been received from Supervisor W. D. Matthews:

Dear Doctor Agnew:

We have recently been advised that it is the normal practice of the Foreign Exchange Control in England to approve applications on behalf of British refugees in Canada for amounts required to meet reasonable hospitalization expenses in Canada.

It therefore appears that any difficulties incurred in this respect, in the past, have arisen from a misunderstanding. You may, therefore, think it advisable to notify your member hospitals that in the event of their experiencing difficulty in obtaining payment for medical services rendered to British refugees, they suggest that the refugee have an application submitted to the Foreign Exchange Control, Bank of England, for authority to transfer the necessary funds to Canada. As indicated above we believe such applications, provided the amount is reasonable, will be approved. There would, of course, be no difficulty in effecting conversion in Canada, either by the hospital or the refugee, of the amounts transferred here for such purpose.

Yours truly,
(Signed) W. D. Matthews,
Supervisor.

Wartime Problems Featured at A.C.S. Meeting

The practical aspects of running a hospital under wartime conditions will be discussed at the 25th annual Hospital Standardization Conference of the American College of Surgeons in Cleveland on November 17-20th.

The meeting will be devoted almost entirely to panel discussions, which will permit the widest possible participation by the delegates. Among the topics to be studied are public relations, maintaining standards of service during wartime, new clinical procedures and therapies developed for war and civilian injuries, and post-war adjustments.

Representatives going from Canadian hospitals are assured that there are no restrictions at the border for people wishing to attend conventions except that such travellers must be provided with passports and visas.

J. W. Cavers

Recently appointed Business Manager of Oshawa General Hospital. Mr. Cavers was formerly Accountant and Purchasing Agent at the Toronto East General Hospital.

Model Health Service for Communities Being Demonstrated

The first year and a half of operation of the model health programme for municipalities being conducted in East York, Ontario, has proved the value of such a set-up. This health service in East York was arranged to demonstrate what could be done in a Canadian municipality of approximately 40,000 people. The experiment was started in January, 1941, and has been financed by the Rockefeller Foundation, the Ontario Department of Health and the Township of East York. Dr. William Mosley, who was M.O.H. for the township, is supervisor of this new service.

Six of the seven provisions planned for the service have been developed. The one not yet set up is the establishment of a dental service in primary schools. This has not been done because of the scarcity of dentists and the lack of equipment.

Services provided include a medical service in the primary schools to supplement the health supervision of the public health nurses; enlargement of sanitary inspection services; added facilities for health inspection of infants and pre-school children; extension of present services for the protection of children against smallpox, diphtheria and other diseases. Five clinics have been set up in schools and there are two immunization clinics held weekly for pre-school children. Arrangements are being completed for the setting up of a tuberculosis clinic in the east end of Toronto to serve this area.

University Course for Industrial Technicians

The University of Western Ontario has started a special six month's course for technicians. This course is sponsored by the Dominion- Provincial War Emergency Training Programme and is under the direction of Dr. J. A. Gunton.

This course should not be confused with the one-year course in laboratory technique offered by a number of hospitals and approved by the Canadian Medical Association. This course is primarily to fit trainees as laboratory assistants in war industries, emphasis being laid on mathematics, chemistry and physics as well as practical work.

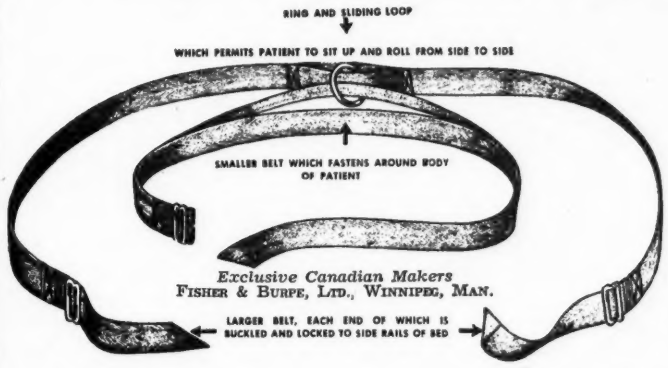
ANOTHER HOSPITAL PROBLEM SOLVED

PREVENT YOUR MILDLY DELIRIOUS CASES FROM FALLING OUT OF BED BY USING THE

"HASSETT" SAFETY BELT

Patent applied for

(Designed by Miss May E. Hassett, Asst. Director, Merritt Hospital, Oakland, Cal.)



OVER 3000
now in use
in U.S.A.
Hospitals
and
Within 2 Months
100
In use in Canada
plus orders
reaching us daily.

Diagram showing patient sitting up in bed with belt attached.

Full Description and Instructions Accompany Each Belt

This Safety Belt should not, for one moment, be confused with Straight Jackets or Restraint Sheets which are designed for the violently insane and which hold the patient rigidly in bed with no freedom of movement whatever. Such restraints when used on general cases, and particularly on maternity cases, have a very harmful effect on the mental condition of the patient.

The "Hassett" Safety Belt is intended only for those cases which are apt to become mildly delirious through the use of such drugs as Phenobarbital, Seconal, Nembutal, Sodium Amytal, etc., because while allowing full freedom of movement, such as sitting up in bed and rolling from side to side, this new safety device prevents the patient from falling out of bed. For this reason the "Hassett" Safety Belt is made of comparatively light weight webbing so as to cause as little inconvenience as possible to the patient.

Look for the Name Fisher & Burpe, Ltd.—imprinted on each "Hassett" Safety Belt, none genuine unless so stamped.

TWO STYLES: Regular Style—This has one set of buckles merely for attaching to the side rails of the bed. **ea. $5.00.**

Maternity Style—In the Maternity Style the webbing is longer and has two sets of buckles. The first set is intended to use on the side rails of the bed, and when it is time to take the patient to the delivery table the Safety Belt need not be removed; and the lower strap and additional buckles enable the Belt to be attached to the delivery table. In maternity cases it is particularly necessary that the patient should be allowed full freedom of movement. **ea. $5.50.**

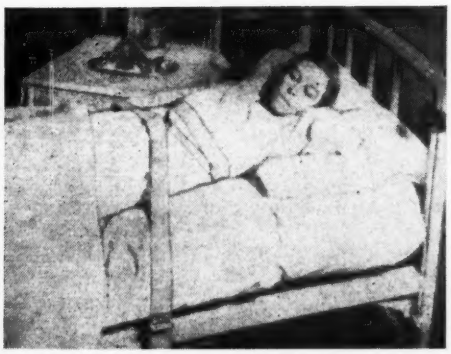


Photo showing patient with belt attached.

Note

Without the use of a Hassett Belt when such drugs as above mentioned are administered it is necessary to have a nurse constantly on watch, or to equip the bed with side boards, however these side boards are occasionally more harmful than otherwise, because should a patient climb over the side boards the fall is greater than from the bed itself.

Direct your order for any quantity to Dept. C.H., Fisher & Burpe, Ltd. Winnipeg, Man.

Photo showing how patient can roll from side to side.

Manufactured Exclusively in Canada by FISHER & BURPE, LTD., Winnipeg, Man.

Branches: Edmonton, Alberta and Vancouver, B.C.

Reduction of Electrostatic Hazard

This constitutes a chapter in the report on "Recommended Safe Practice for the Use of Combustible Anaesthetics in Hospital Operating Rooms", presented at the meeting in Toronto last year of the National Fire Protection Association. The conference Committee represented a large number of associations interested in fire protection and included Dr. W. P. Morrill, technical advisor to the American Hospital Association and Dr. M. T. MacEachern of the American College of Surgeons. The chairman was Prof. J. Warren Horton of the Massachusetts Institute of Technology.

Although tentatively adopted at the meeting, we understand that further suggestions have been made which might portend some revisions before final adoption. Meanwhile the war situation has prevented further work on this study. The chapter on "The Storage and Handling of Gases" appeared in our February issue. Complete copies are priced at 15 cents, National Fire Protection Association, 60 Batterymarch Street, Boston.

THE recommendations of this section, which have been formulated for the purpose of reducing the possibility of electrostatic spark discharges and, hence, of the ignition of flammable gases by the energy liberated thereby, should be followed in all hazardous locations and in all locations of limited hazard.

Flooring

Flooring should be so constructed as to provide an electrically conductive path between any body making electrical contact with it and the building ground. An electrode for testing the performance of such a floor should exert a pressure of 5 pounds uniformly over a circular area of surface 2 inches in diameter. With resilient flooring this electrode should be a cylinder of brass; with hard surface flooring it should be a disk of soft metal foil backed by a disk of resilient material of such character as to assure intimate contact with the floor. The resistance between the electrode and the building ground may be measured by a direct reading ohmeter. The resistance between the electrode and ground for any position of the electrode on the flooring surface, should be not more than 10,000 ohms.

Furniture

All furniture should be constructed of metal or of other electrically conductive material. Surfaces on which movable objects may be placed should be without paint, lacquer or other insulating finish. All rubber used for casters, tires or leg tips, or for surface finishing, should be of the conductive type or of equivalent material. The resistance between the metallic frame of any piece of furniture, or any metallic object placed thereon, and a metallic plate under any one supporting member, but insulated from the floor, should be not more than 10,000 ohms.

All furniture should be equipped with non-metallic leg tips or casters.

Mattresses and Pads

The covering of all operating table and stretcher pads and of all pillows, cushions and the like, should be fabricated from sheeting of conductive rubber or equivalent material. Such conductive material should have a surface conductivity of not less than 10 micromhos per square centimeter and a longitudinal resistivity of not more than 10,000 ohms per centimeter square.

Waterproof Sheeting

All waterproof sheeting, such as rubber sheeting, should be made of conductive rubber or similar material. Such conductive material should have a surface conductivity of not less than 10 micromhos per square centimeter and a longitudinal resistivity of not more than 10,000 ohms per centimeter square.

Rubber Tubing and Parts

All rubber or equivalent parts of operating room equipment, such as the masks, breathing tubes, breathing bags, and gaskets of anaesthesia equipment, and all suction and pressure tubing not confined within a metallic sheathing, should be of conductive rubber or equivalent material. Such conductive material should have a surface conductivity of not less than 10 micromhos per square centimeter and an internal resistivity of not more than 10,000 ohms per centimeter cube.

Shoes

All shoes should have soles of conductive rubber, conductive leather or equivalent material. They should be so fabricated that the resistance between a metal electrode placed inside the shoe and making contact with the inner sole, equivalent in pressure and area to normal contact with the foot, and a metal plate making contact with the bottom of the outer sole, equivalent in pressure and area to normal contact with the floor, shall be not more than 100,000 ohms.

All shoes should be tested on the wearer at least once on each day on which they may be worn in a hazardous location. Such test may be made by a direct reading ohmeter, or similar approved instrument, indicating the resistance between two insulated electrodes so located that the wearer may stand in a normal manner with one foot on each electrode. The electrodes may be of some non-oxidizing metal such an stainless steel, or of conductive rubber or equivalent material for which the resistance between a metal electrode, exerting a pressure of 5 pounds uniformly over a circular area of surface 2 inches in diameter, and the terminal for connection to the indicating instrument is not more than 500 ohms. Shoes for which the indicated resistance between electrodes is 1 megohm, or less, are considered safe. Shoes for which this indicated resistance is greater than 1 megohm but less than 4 megohms, are considered as marginal. Shoes for which the indicated resistance is greater than 4 megohms are considered unsafe.*

Shoes having nails which may make contact with the floor should not be permitted in hazardous locations.

Wool

Blankets, sheets, covers, or outer garments of wool, or containing wool, should be excluded from all hazardous locations and from all locations of limited hazard.

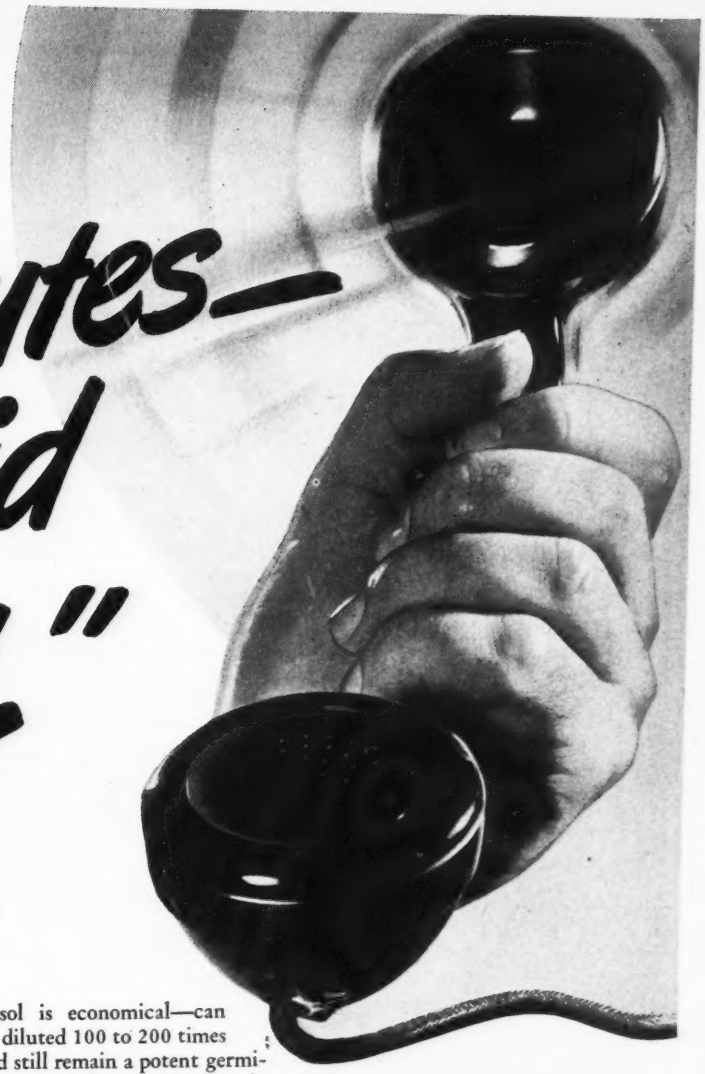
Silk and Synthetic Textiles

Fabrics of silk or of synthetic textile materials such as rayon, including "sharkskin", should never be permitted in hazardous locations, or in locations of limited hazard, as outer garments or for any other purpose except hosiery or undergarments.

(*Concluded on page* 64)

* These limits correspond to resistance of 250,000 ohms and 1 megohm, respectively, between the body of the wearer and ground, when standing with both feet in contact with a conductive flooring.

"No substitutes— I said LYSOL"



IN battling infection and contagion in your hospital, you count on LYSOL. Priorities and material shortages have encouraged substitutes. When you ask for disinfectant solutions, be sure you get LYSOL, not just any cresol solution.

6 reasons you want Lysol

1. Lysol is effective—phenol coefficient 5. Kills all kinds of microbes that are important in disinfection and antisepsis.
2. Lysol is non-specific—effective against ALL TYPES of disease-producing vegetative bacteria. (Some other disinfectants are *specific* ... effective against some organisms, less effective or practically ineffective against others.)
3. Lysol is economical—can be diluted 100 to 200 times and still remain a potent germicide. (In bulk, Lysol costs only $1.25 per gallon—when purchased in quantities of 5 gallons or 40 gallons.)
4. Lysol is harmless to rubber gloves, sheeting.
5. Lysol helps preserve keen cutting edges of instruments—when added to water in which they are boiled (0.5% solution). Prevents corrosion.
6. Lysol is efficient in presence of organic matter.—i.e., blood, pus, dirt, mucus, etc.

ORDER LYSOL TO-DAY!

IN SPECIAL 5 GAL. AND 40 GAL. CONTAINERS FOR HOSPITAL USE, AT $1.25 PER. GAL.

LEHN & FINK (Canada) LIMITED

9 DAVIES AVENUE, TORONTO

Noise Disturbance in Hospitals

(A Series)

No. 10

Protection of Broom Handles

One of the most disturbing noises on hospital wards is the staccato smack of the fallen handle of a broom, mop or similar article on a terrazzo or tile floor. It is not so much the volume of noise produced as its suddenness and frequently its close proximity to the patient.

In the arrangement here shown the rubber tip of a crutch has been placed over the end of the handle and a circular rubber bumper on the handle.

Electrostatic Hazards

(Concluded from page 62)

Plastics

Parts of hard rubber, bakelite or any plastic material which is a non-conductor of electricity, should not be used on any equipment or instrument except where necessary as an electrical insulator on an approved device.

Cover for Anaesthesia Equipment

Covers of fabric or of any form of sheeting should never be used on anaesthesia equipment.

Intercoupling

In hazardous locations and in locations of limited hazard where the electrical characteristics of the floor do not meet the specifications of this section, or where persons and objects are not in electrical contact with a common conductive medium, some other suitable means should be provided for the intercoupling of those persons and objects most likely to be in the region adjoining the anaesthesia machine. In situations where the electrical wiring and equipment meet the specifications of Section VI, this intercoupling may be obtained by direct inter-connection, using suitable leads having bracelets or clamps for connecting to persons or objects. Should the electrical installation not meet these specifications, some approved form of high resistance intercoupling should be used. This should be so arranged as to maintain a conductive path between any two bodies of the intercoupled group, or between any one body of this group and ground, the resistance of which is not less than 200,000 ohms nor more than 1,000,000. Any intercoupled system should include the patient, the anaesthetist, the operating table, and the anaesthesia machine.

Correspondence

The Formula Room

To the Editor:

Dear Sir:

In planning a new Formula Room, is there a definite reason for the Formula Room to be separated from the diet kitchen by walls? Would there be any possibility of contamination of the air, or absorption of food odours by the formulae as they are being made?

Yours very sincerely,
Margaret Wagg, Dietitian,
Grey Nuns' Hospital,
Regina, Sask.

Reply

Dr. T. G. Drake of the Hospital for Sick Children, Toronto, was asked to make reply to this inquiry:

"Replying to your letter of August 17th, in preparing infants' formulas the only thing, of course, that is necessary is to see that they are prepared under the best possible conditions to thoroughly sterilize them and prevent infection after this sterilization.

I do not think that food odours would come into the picture. If you feel absolutely certain that you can prepare sterile feedings and keep them sterile in a room in which your ordinary cooking is being done, that would be perfectly all right. I myself feel that they should be prepared in a completely separate room, since if they are prepared in a common kitchen there is more chance of contamination. The mere fact of a separate room will tend to keep the workers 'on their toes'.

Yours very truly,
T. G. H. Drake, M.B."

Our Dietetics Editor, A/S/O Edna M. Raynor, R.C.A.F., adds: "A separate unit has a psychological effect upon the staff, for it makes them realize the importance of sterile feedings. The ideal set up is to have a separate formula room in which only formulae are prepared, and another room off that for washing the bottles, nipples, bottle caps, etc."

Alex Norton Administrator at New Rochelle, N.Y.

The many friends of Alex E. Norton will be happy to learn that he has been made superintendent of the New Rochelle Hospital at New Rochelle, N.Y. He was formerly at Homoeopathic Hospital, Montreal.

2 Sides of the Story

Civilian Hospitals Need Equipment

●

October 1942

The requests for additional equipment for Civilian Hospitals is significant of the desire of our "home front" soldiers to be prepared for any eventuality.

The importance of the role of the civilian hospital is multiplied in war time. Services must be planned and provided to guard against the emergencies of speeded-up living and working conditions.

National health in wartime is paramount and the more efficient hospitalization can become aids in saving precious 'man-hours' and helps prevent slow-downs in war work.

The Industrial First Aid Room, and particularly The Civil Hospital, is "The Vital Repair Shop For The Repair of Manpower."

We, at Metal Craft, have always endeavoured to 'fill the order.' If we at times appear slow in doing so it is only because materials are not available, or because orders for The Military command priority.

Military Hospitals Need Equipment

●

October 1942

With more and more men and women in the armed services . . . with an intensified training program the order-of-the-day . . . with speed and pressure ever present. . . .

There, are reasons enough for the flood of orders Metal Craft is coping with for Military Hospitals.

We can't tell you how much, we don't say where it is going but we do say that our men and machines are busy 'around-the-clock'.

To supply equipment now and to avoid a case of 'too little—too late' is our major problem.

When sickness and accidents occur to those men and women in Khaki and Blue—they are well cared for in modernly equipped hospitals—a tribute to the organization efforts of the Medical Corps.

Metal Craft is proud of its part in the Military Hospital program and pledges continued faithful support.

OUR DUTY IS TO SERVE CANADA

The METAL CRAFT CO. LIMITED
GRIMSBY ONTARIO

Get Ready for Winter

NOW is the time to give boilers and heating systems the last once over to be sure they are in the best of operating condition for the coming season. With new equipment all but unobtainable and repair and replacement parts available with difficulty and then only after much delay, it is of special importance that the entire plant be in such shape as to assure uninterrupted operation and maximum efficiency.

Combustion apparatus: If hand fired, see that grates are in good condition, all damaged sections replaced and that shaking apparatus is in good operating order. If stoker fired, see that motors are clean, old lubricants cleaned out and new ones supplied. All working parts should be cleaned and well adjusted, and on all control apparatus clean points and solenoids, see that they operate promptly and that the entire apparatus is in efficient working condition.

If oil fired, see that storage tank is clean, heater controls well adjusted, all strainers and piping clean, and that burners have been taken down, thoroughly cleaned, and well adjusted.

Inspect brick work for slag, cracks, or broken brick, and make such repairs and replacements as needed. Go over settings carefully for air leaks and repair with asbestos cement. If smoke breeching has not been removed and cleaned, inspect it carefully for leaks. Clean accumulated dust and soot from stack base. See that flues are clean and all baffles tight and prepared to stand the season's service.

Boilers: If they have not already been cleaned, empty boilers and see that water side is clear of scale and sludge down to bright metal. If scale is present, fill boiler, put in a charge of trisodium phosphate and simmer for twenty-four hours; empty and inspect again. If metal is still not clean and bright, consult a boiler conditioning engineer before attempting more drastic treatment. But the boiler must be clean in order to secure effective heat exchange. See that all connections are tight and all valves, especially safety valves, are in good operating condition.

Auxiliaries: See that pumps are in good order, pistons tight, cylinders rebored and fitted with proper sized pistons if necessary, packing tight but not too tight to work well, heater coils cleaned and tight, and all controls in good working order.

Distribution System: The grade at which horizontal pipe runs are laid is so small that if the building settles it may so alter the grade as to create pockets. If you have a "cold" or a "bumping" radiator this is the first and easiest place to look.

See that all radiator valves are tight, seats in good condition, stems straight and packing tight. Air valves, vacuum valves, and such other control mechanisms as are in use should be tested and reconditioned if necessary.

All traps should be examined to make sure they are not "blowing through". Pressure reducing valves should be tested to make sure they are regulating at desired pressure. Thermostatic valves should likewise be examined and tested.

Insulation on pipe lines should be inspected, repaired as necessary, and in those areas where there are so many pipes as to delay recognition, the pipe lines or at least the fittings, valves, etc., should be painted in accordance with the A.S.M.E.* code for quick identification in case of emergency.

Fuel promises to be hard to get this winter. Dependence on regular and quick delivery is dangerous. Storage facilities should be checked and if necessary additional provisions made to store at least a full month's supply.

Most hospital boiler plants waste from ten to twenty per cent of the fuel purchased. Better selection of fuel to suit the characteristics of the particular boiler and the use of combustion and boiler control instruments will save this waste, and aside from the money saving may under present conditions spell the difference between adequate and inadequate steam supply.

* We are informed by the Canadian Engineering Standards Association that no comparable code has been adopted in Canada. The Ontario Hydro-Electric Commission has an identification code for electrical installations, but this is not applicable to other provinces.

From "Hospitals", September, 1942.

Brigadier G. B. Chisholm Heads Army Medical Services

Brigadier G. Brock Chisholm of Toronto has been appointed Director General of Medical Services for the Canadian Army, succeeding Brigadier R. M. Gorssline who becomes Inspector of Military Hospitals in Canada.

Professor Jonathan C. Meakins, Dean of Medicine at McGill University and Physician-in-Chief, Royal Victoria Hospital, has been named deputy director general in charge of professional activities with the rank of brigadier. Lieut.-Col. G. A. Winfield of Halifax will be brought back from overseas to become deputy director general in charge of administration.

Brigadier Chisholm had a brilliant career in the army during the last war, receiving his commission overseas and twice winning the Military Cross. He graduated in medicine from the University of Toronto in 1924 and subsequently studied in London and in the United States, where he was on the staff of Yale University. For five years prior to the outbreak of war he practised medicine in Toronto.

Formulary Prepared by M.H.S.A.

In order to clearly indicate what is meant by "ordinary drugs and dressings" in its contracts with participants, the Manitoba Hospital Service Association has prepared a formulary for the guidance of the medical practitioner. This formulary was prepared for the Association by the Manitoba Guild and Pharmacists in co-operation of a number of members of the medical profession and the professor of pharmacology at the Manitoba Medical College.

The formulary is based upon the British Pharmacopoeia and the Canadian Formulary, with assistance also from the British Pharmaceutical Codex and the National Formulary, (U. S. A.). It is much more complete than the usual formulary. Approximate prices of the different products are given as a guide to the hospital purchasing agent.

This formulary has been prepared in a limited edition and is primarily for distribution to the participating hospitals.

Book Reviews

WAR MEDICINE. A Symposium, with Winfield Scott Pugh, M.D., Editor, Edward Podolsky, M.D., Associate Editor and Dagobert D. Runes, Ph.D., Technical Editor. Pp. 565, illust. Price $7.50. Philosophical Library, Inc., New York.

This timely volume is a collection of chapters on a wide range of topics related to war medicine. These deal mostly with the surgery of various parts of the body as a result of gunshot wounds, with burns, with blood substitutes, with aviation medicine, with concussion and a number of related subjects. There are chapters on anaesthesia, on anaerobes, on nutrition, on malingering, on deep-sea diving and on selective service psychiatry. Some sixty authorities, American, British and Canadian, have collaborated to produce a volume which should be of tremendous value to the many concerned with the care of enlisted men and women and with civilian casualties.

* * *

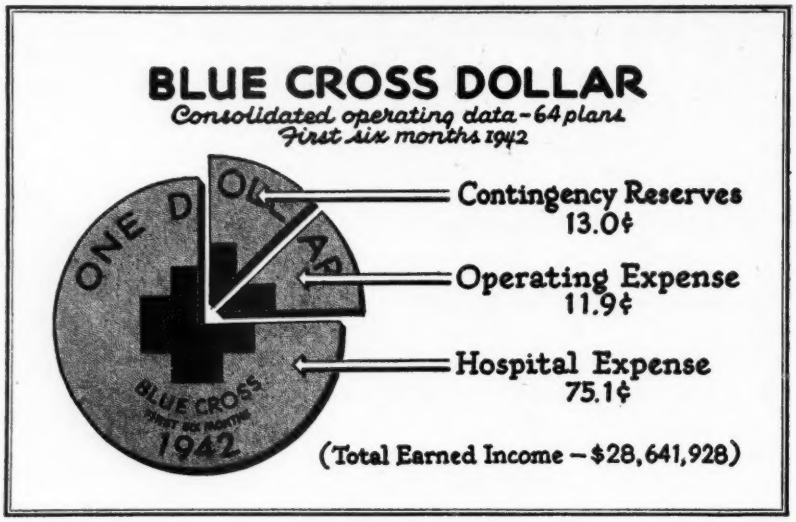
ADVANCES IN INTERNAL MEDICINE, VOLUME I. Editor, J. Murray Steele, M.D., Welfare Hospital, New York City with seven Associate Editors and ten Contributors. Pp. 275, illust. Price $4.50. Interscience Publishers, Inc., New York, N. Y. 1942.

The purpose of this volume, the first of a series, is to present "an informal summary ... of progress in those fields in which progress has recently occurred". It is not an "annual" in the usual sense, for no effort is made to completely cover the whole field of progress in internal medicine. Moreover the subjects selected are treated much more fully than would be possible were a wide array of topics included. Actually it is a collection of ten essays, each written by an authority on that subject. Topics selected include the use of the Miller-Abbott tube, the use of insulin and protamine insulin, sympathetic nervous control of the peripheral vascular system, the sulfonamides, infections of the urinary tract, epidemic influenza, hypertension, nephrosis and riboflavin deficiency. This volume would be a valuable addition to any physician's or hospital library.

* * *

CLARA BARTON. By Blanche Colton Williams. Pp. 458, illust. Price $4.50. Longmans, Green and Co., Toronto. 1942.

Described as "the greatest of American women if not the greatest in the world", Clara Barton stands among those women whose pioneering zeal have created living memorials that are destined to go on saving lives and aiding the suffering down through the ages. Clara Barton's great contribution was the founding of the American Red Cross. Her devotion to the wounded, her personal bravery and her impatience with official lassitude are strongly reminiscent of Florence Nightingale. This biography based on new data carries this doughty little warrior through the Civil War, the Franco-Prussian War, the Johnstown Flood and the Spanish-American War. It is entertainingly written well documented and a record of worth.



How the Dollars are Spent in Approved Hospital Care Plans

This was prepared by the A.H.A. Hospital Service Plan Commission and includes reports on the Manitoba and Ontario plans.

The percent of Blue Cross Plan income used for hospital expense increased in 1942 over 1941. Operating expense reached an all-time low. At the mid-year, the contingency reserve funds of Plans were adequate to support operations and to pay hospital bills for 4.5 months without additional subscription income. Plans with more than 50,000 subscriber contracts, as a group, used the greatest percentage of income for hospital care, and the least for operating expense. Plans with less than 10,000 subscriber contracts used most for operating expense and placed least in contingency reserve accounts.

How does your plan compare with this average?

Hospitals in Britain

(*Concluded from page 40*)

ganizations, including those outside the combine as well as within, have made a brave endeavour to maintain meetings of their branches as it is recognized that the present conditions create an insistent demand for consideration by those who are most intimately concerned in working them. Some of these bodies have recently been holding their annual meetings which have shown a lively interest in the broader aspects as well as those which affect their personal position and prospects.

The Hope of the Future

The main hope expressed by this fusion is that by the officers coming together the way will be prepared for a co-ordinated organization of the two main types of hospitals into one hospital service. Hereafter, perhaps, some of the detailed activities of this new body, when conditions permit them, may interest your readers, but for the time being the main point is to place it in perspective in relation to the hospital situation generally.

Auxiliary Power

(*Concluded from page 33*)

power plant for more than two hours. There were several operations in progress at the hospital during this period, and the engineer was able to give them uninterrupted lighting service, thanks to the emergency unit.

Owing to increased occupancy, 35 hospitals in Saskatchewan were actually able to operate at a lower cost per patient day than last year. A lot of credit is due to them.

J. W. Lord, M.D., Provincial Medical Officer

C.H.C. Committee Chairmen

The following are the chairmen of the Canadian Hospital Council committees for the years 1942-43:

Administration: Dr. Harold Coppinger, Winnipeg General Hospital.

Accounting: Mr. Percy Ward, 604 Standard Bank Building, Vancouver, B.C.

Construction:

Finance: Mr. T. Cox, University of Alberta, Edmonton.

Legislation: Father J. Iv. d'Orsonnens, Maison Provinciale des Peres Jesuites, Montreal.

Nursing and Nurse Education: Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Women's Hospital Aids: Mrs. O. W. Rhynas, "Shangri-La", Bayfield, Ont.

Health Insurance: Dr. George F. Stephens, Royal Victoria Hospital, Montreal.

N. S. W. Hospitals Protected

More than two hundred public hospitals, Red Cross homes and hospitals and other convalescent hospitals in New South Wales have been declared "protected undertakings", according to the Deputy Director-General of Manpower, Mr. Bellmore. Resident medical officers, nurses and all other personnel could not change their jobs without permission of the manpower authorities.

We Promise You Slavery . . .

"We will introduce in our new 'living space' completely new methods. All soil and industrial property of inhabitants of non-German origin will be confiscated without exception and distributed primarily among the worthy members of the party and soldiers who were accorded honours for bravery in this war. Thus a new aristocracy of German masters (Herrenvolk) will be created. This aristocracy will have slaves assigned to it, these slaves to be their property and to consist of landless non-German nationals . . . German masters, accustomed to command and, in cases of necessity, to strike inconsiderately where striking is necessary, will be fine pillars to uphold Germany's rule of the world."

—Richard-Walther Darré, German Minister of Agriculture. Quoted by *The Nation*, from the New York *Times*.

Reconstruction of Halifax Hospital Postponed Indefinitely

Halifax will find it necessary to wait still longer for the reconstruction of the Victoria General Hospital. This badly overcrowded institution, parts of which have been in use for nearly a century, has been due for replacement for some time, and active steps have been taken during the past year for the replacement of some of the older portions of the building. Plans and specifications had been completed, but after a conference with Ottawa the provincial officials have decided that the construction of the building should be indefinitely postponed because of the shortage of materials. Despite the desire of the federal government and the province to authorize this construction, the increased difficulty of obtaining materials from the United States, so much a part of most fabricated equipment used in hospitals, has made this decision obligatory.

Nova Scotia Health Minister F. R. Davis arranged last year for the tremendous overcrowding of the hospital to be relieved by the erection of a temporary structure. This has been of assistance in reducing the acute bed shortage and the proposed construction, now indefinitely postponed, would be in the nature of a permanent building which would be a step towards the ultimate replacement of the present hospital buildings.

Medical practitioners in Halifax are very much concerned over the cancelling of construction as they anticipate a very serious hospitalization problem this winter. With the population increased by 75% and with a large percentage of people living in very crowded home conditions, the necessity of increased hospital accommodation for the peak periods is obvious. Realizing the difficulty of obtaining materials and labour at this time, they point out, however, that other undertakings of much less urgency are being constructed in Halifax and other centres.

Mental Hospital Invites Applications

Applications are invited for full time Instructions to January 1st, 1943, at the Brandon Hospital for Mental Diseases, Box 420, Brandon, Man.

Psychological Warfare

(*Continued from page 31*)

Youth and afterwards in the Storm Troops. A comprehensive characterological examination is regarded as an essential basis for selection. Special emphasis is placed on will-power, mental energy, staying power, readiness to act to the limit of physical capacity, coupled with clear thinking and planned behaviour. Formal knowledge is regarded as secondary to spiritual and emotional qualities.

Naturally much attention has been given to the production of the desired qualities by education. Total education affords "a mental, spiritual and physical conditioning of all ages, sexes, and classes" to act according to the principles of the Nazi State. In the schools, subjects are taught in accordance with the requirements of a military upbringing—e.g., arithmetic is taught in terms of military science. The Nazi teaching places its main stress on the inculcation of those characteristics which will best serve the group. This is an ideal which in itself anyone might be glad to pursue.

The training of officers is concentrated in bringing out leadership qualities by developing a sense of determination and responsibility. The officer learns to be "a father to his company". While a large proportion of the officers are drawn from the middle and lower middle classes, the Army is not completely democratized, the high ranks belonging to the traditional military caste. Nazi officials find it nearly impossible to get senior jobs in the Services. Each potential officer, however, of whatever origin, spends six months to a year in the military service, followed by a year in the Army, followed by a year in the ranks with a kind of father adviser in the person of a senior officer, and then two and a half years as an N.C.O. Attention is paid to teaching these officer candidates how to handle their men as human beings.

Psychology of Battle

Offensive war is regarded as the fulfilment of a soldier's life; defensive war is in the Nazi view a civilian idea. War is regarded as a struggle of efficiency and morale, and it is envisaged as requiring energy, skill, altruism, steadfastness, obedience and the team spirit. A keynote of morale in the German armed forces is the privilege inherent in being chosen to be a soldier and to join the sacred fellowship of military men. Thus no guard-houses are maintained by the

COMING CONVENTIONS

October 10-12—American College of Hospital Administrators, St. Louis, Mo.
October 12-16—American Hospital Association, St. Louis, Mo.
October 27—Ontario Conference of the Catholic Hospital Association, St. Michael's Hospital, Toronto.
October 28-30—Ontario Hospital Association, Toronto.
November 2-14—Refresher Course in Hospital Administration, University of Toronto, Toronto, Ont.
November 3—British Columbia Hospitals Association.
November 17-20—American College of Surgeons, Cleveland, Ohio.
November 17-20—A.C.S. Hospital Standardization Conference, Cleveland, Ohio.

German Army. Instead, the offender is summarily dismissed from the Army. The soldiers themselves are invited to collaborate in suggesting modifications in design of equipment, thereby fostering the intelligent use of the mechanized arms.

The principal factors in impairing morale are fear, isolation, insecurity, deficiencies in changes in command, fatigue, defeat, losses, and idle waiting for enemy attack. It is recognized that soldiers suffering from neurotic anxiety are not necessarily cowards. Bombardment from the air is looked at more from the point of view of disintegration of enemy morale than from that of material destruction.

Total War

In the actual technique of offensive it is the accepted rule that there shall be no formal declaration of war. The attack begins unheralded, with a superior force and at tremendous speed. The Air Force is concentrated on perhaps one single vital point, while parachutists and air-borne infantry are landed to destroy power stations, communication centres, bridges, etc. Surprise is regarded as essential, and there has to be an overwhelmingly superior attacking force with enormous reserves in the background, and this "blitz" phase has to show results within about fifteen days. But it should be remembered that military action is the last resort in the Nazi technique. Prophetically the writer Von Hentig, in 1920, predicted the "leader of the future as a military psychologist, a sort of aggressive pacifist, withholding the use of armed force until all other means of warfare have failed to realize his aims". The German leaders have proved that economic, political and psychological attacks can be sufficient by themselves to win a war, or at any rate important phases of it, without resort to military action.

The preparation of *civilians* is regarded as almost as important as the preparation of fighting troops for total warfare. It is recognized that education has made great strides, and that the individual citizen is apt to be critical, so that an appeal to merely traditional forces is not enough. They believe that civilian morale can be made unassailable by the processes of education that have been alluded to. Himmler, however, considers that intimidation is one of the best methods. One of the bad features of the Nazi regime is the employment of 432,000 "morale-enforcing" agents—i.e. thirty-six S.S. divisions, each of 12,000 men, scattered throughout the country.

Psychology Abroad

Abroad, psychological methods are used to study the comparative national psychology with a view to predicting what the responses of whole nations are likely to be. Prominent individuals in other countries are studied and a dossier made of each of them so that their strength and weakness may be known and played upon accordingly. It is interesting to note that Churchill and Eden were regarded as extremely dangerous to German aspirations before the war. It is also worth while comparing the coldly scientific nature of these inquiries with the apparently unscientific appearance of the propaganda based on them; but, in fact, this very propaganda is itself scientifically compiled and its effect on the masses at home and abroad carefully calculated.

The essential principles of propaganda in the German view are that

the *emotions* rather than the intellect must be appealed to; it must be simple, it must be repetitive, and it must have a reckless pugnacity.

Conclusion

The chief points that stand out as a result of this American Survey are the long preparations that have been made, their comprehensiveness, their basis in the desire for revenge, their essential continuity with the spirit behind them—a continuity of the spirit that prompted the "First German War"—their combination of academic science with the ablest common sense, and, most dangerous of all, the enlistment of ideal moral qualities in the services of purely nationalistic aims of aggrandisement. But that there are weaknesses somewhere in the organization and shortcomings in the results is indicated very clearly by the need for a special corps of intimidators, nearly half a million strong. This in itself seems to be a confession that in spite of all the techniques employed it is impossible to suppress individual thought and to command completely the individual's participation in the aims of the leaders who conceived all this.

"I would like to say a word about subscriptions to *The Canadian Hospital,* the official mouthpiece of the Canadian Hospital Council. It is a splendid publication. No hospital should be without it and regular copies should be entering the home or office of every hospital trustee."

President Alex. Esson

Hospital Service in Peru

Peru has devised a novel method of financing a network of hospitals throughout the State. The Government pays 2 per cent of the wages of the insured population and the employers another 2 per cent. This provides a capital sum with which to erect a hospital, and when that is available the insured population begin to make their payments for hospital benefits. Thus, at the end of last year, the first hospital was formally opened in Lima, the capital of the State. This is the first and largest of a network of thirteen hospitals which the Social Insurance Fund is constructing at key points throughout the State for the treatment of insured persons and their families. They will be supplemented by twenty-nine clinics, fifty-five rural first-aid posts, and ten travelling dispensaries. The basis of the system is the clinics where specialists will attend, and there will be adequate facilities for diagnosis and treatment. Periodical medical examination of the insured population will be a feature of the preventive work of the Social Security Fund.

—Hospital and Nursing Home Management.

Williams Lake Closes Down

Lack of an available doctor has forced the Williams Lake Hospital to close down. Representation is being made to the federal government in an effort to remedy the situation, which is considered especially serious in view of the presence in the community of different telegraph crews and also men from the Signal Corps, who are now left without benefit of medical attention.

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PHOSFOAM — A prepared soap for *hot water washing* of flat white work and fast-coloured goods. A dependable, uniform product for power laundries of all types. Recommended for use without additional builder. Assures work that is really white, fresh, soft, free from odour. Packed in 100 lb. bags.

SOILOUT BREAK POWDER — A new product which, when used in the first operation for average washings, loosens more than half the soil and stains without harming fabrics. For additional operations, you need add only enough soap to make abundant suds. Packed in 50 lb. bags and 225 lb. bbls.

TEXOLIVE KWIKSOLV — A low titre granulated soap for "cold water" washing of fine fabrics and blankets. The only soap available in this patented quick-dissolving form. Packed in 100 lb. bbls. only.

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Control Board Rulings

(*Concluded from page 52*)

that no retailer shall sell or deliver to any person any preparation which is contained in a collapsible metal tube unless such person delivers to such retailer a used collapsible metal tube at the time of sale or delivery. This does not apply to certain kits or to "any person operating any store or canteen within the limits of any military or other hospital or similar establishment to any patient who is or was a member of the armed forces of His Majesty or any allied nation and who is receiving hospitalization at the expense of His Majesty or of the government of such allied nation". This last clause will be of interest to the blind operators of corridor canteens now operating in so many of our civilian hospitals.

St. Catharines to Build

Eighteen semi-private beds will be provided by the proposed new addition to St. Catharines General Hospital, Ontario. It will also contain two new major operating rooms. Permission has been granted by the controller of construction, and it is hoped that work will start immediately.

Price Trends

(On basis 1926 = 100)

	Yearly Average 1941	August 1941	July 1942	August 1942
Building and Construction Material	107.3	111.5	113.8	113.8
Consumers' Goods (Wholesale)	91.1	93.5	96.6	95.3
(On basis 1935-1939 = 100)				
Cost of Living	111.7	113.7	117.9	117.7

Scurvy

Though scurvy was more dreaded than pirates and often carried off three-quarters of the ships' crew in the "good old days", it was not until the eighteenth century that its cause, the lack of raw fruit, was discovered. In 1854 a law was passed in England requiring that fruit juice be rationed out daily on long voyages, and it was because of this dole of lemon juice that the English sailors were known as "limeys". The water-front district of London where the fruit was stored has been known since as "Limehouse".

Why Are Reserves Necessary in Hospital Care Plans?

The Hospital Service Plan Commission has recently defined the purpose of surplus funds and suggested a method of computing adequate reserves as follows:

"What are the contingencies for which reserves are required? They fall into three categories: (a) gradual increases in hospital utilization, resulting from a number of factors such as changes in medical practice and greater public appreciation of hospital care, which might require modifications of the subscriber contract, the rate structure, or both in order to offset long-run deficits in the operating account; (b) sudden increases in hospital utilization, such as result from epidemic conditions or public disasters, the hospital expense for which is usually limited in amount by the number of available hospital beds in a community, and continued for a short period of time, often producing short-run deficits in the operating account; (c) sudden increases in hospital expense due to a war economy, which might range from 1 to 25 per cent of present hospital expense and might last from one to five years. . . ."

"How large a contingency reserve is necessary to protect subscribers and hospitals adequately? The following rule is suggested. Contingency reserves should be equal to three months earned income or four months hospital expense (whichever is greater), to meet ordinary contingencies; and they should equal an additional two months earned income or two and two-third months hospital expenses to meet war contingencies."

While the better plans set up reserves to meet (a) and (b), it is not customary to set up reserves necessary to cover hospital war contingencies.

Food Regulations Explained

(*Concluded from page 39*)

are spread of a shortage of any item then it is a foregone conclusion that there will be an immediate run on that particular item. They asked that, before information is passed on, the facts be obtained from officials of the Department, who were always only too willing to give out any information that they have available in connection with the foods administration.

There is no doubt that meetings of this kind are well worth while and it is a source of satisfaction to know that the officials at Ottawa are available to discuss problems which arise from time to time.

Menace of Water Contamination Well Handled in London

One of our fears was that, with the inevitable damage to water mains and sewers by bombing attacks, there would be a great increase in the incidence of typhoid fever. Happily this fear has not been realized. In London, for instance, every type of water main has been broken in every conceivable manner. Sewers have emptied their contents into large trunk mains and polluted the water over great distances. One main, four feet in diameter, has been broken no fewer than eleven times, and the number of times mains have been damaged amounts to thousands. This is understandable when we recollect that the system of mains in London is over eight thousand miles in length. The disinfection of mains under repair by means of chlorine, in a strength of 10 p.p.m. and with a period of contact of fifteen minutes, has, however, proved an excellent safeguard and I am happy to say that neither in London nor elsewhere has there been any outbreak of typhoid fever due to these hazards.

Sir Wilson Jameson, M.D., Chief Medical Officer for Great Britain.

Souring

It is probably that the souring operation is one that is frequently misunderstood and misapplied.

The purposes of the souring operation are:

(a) To neutralize small residue of alkali not removed in the rinses.

(b) To neutralize water used in rinsing.

(c) In certain cases, to remove stains.

Some elaboration of the above three points is necessary. In the first place, it should be emphasized that the souring operation should not be regarded as a convenient means of getting rid of alkali which should have been removed by rinsing. Rinsing should always be carried to the point at which the titratable alkalinity of the rinse water is approximately equal to that of the softened water used.

The main purpose of souring is the neutralization of the bicarbonate alkalinity present in the softened water, and the amount of this bicarbonate alkalinity will be proportional to the amount of temporary hardness present in the original water before softening.

In the souring operation, it is recommended that sufficient sour be added to reduce the pH of the sour bath to 4.5 to 5.0.

The question arises as to why it is recommended that the pH of the souring bath be 4.5 to 5.0, i.e., well in the acid range, at the end of the process; why not use less sour and finish up the operation at a pH of around 7.0., i.e., at the neutral point? The subject of souring to a higher pH value, i.e., above 5.0, is being studied. Definite recommendations cannot be made at present.

In determining neutralizing values of the various laundry sours, the amount of sour required to bring a certain quantity of water of a certain bicarbonate alkalinity to a required pH from 4.5 to 7.0 has been measured. In applying results of this work to actual laundry practice, it is necessary to know three things:

(a) The pH to which it is desired to sour.

(b) The bicarbonate alkalinity of the softened water.

(c) The volume of water used in the souring operation.

This is information which can be obtained without too much difficulty in the plant. The determination of the bicarbonate alkalinity involves a simple titration which a number of plants are now in a position to carry out for themselves. The laboratory (Canadian Research Institute of Launders and Cleaners—Edit.) is ready to do these titrations for members and to make recommendations on souring practice.

From "Improving Laundry Processing" by B. J. Kenalty in *Laundry and Dry Cleaning Journal of Canada.*

Democracy Cannot Die

Democracy cannot die. Democracy alone, of all forms of government, enlists the full force of man's enlightened will. Democracy alone has constructed an unlimited civilization capable of infinite progress in the improvement of human life. If we look below the surface we sense democracy still spreading on every continent—for it is the most humane, the most advanced and, in the end, the most unconquerable of all forms of human society.

—Franklin D. Roosevelt at Third Inauguration

We Should Know our Neighbours

There is always justification for pride in local achievements, and we take satisfaction when our own community builds a modern addition to a college or university or erects a hospital a step ahead in structure or equipment. However, in our gratification with our own accomplishments we should not be blind to the equal or possibly greater success or our neighbours. We would but belittle ourselves were we to indulge in the false notion that these successes are limited to our own locality.

Granting that it is desirable to develop trade relations with other countries of this hemisphere, to buy their beef and coffee and to interchange commodities in the interests of economic welfare, this can be done through the mail or by cable. However, acquaintance is needed to cement the ties of understanding and promote the comradeship necessary to a oneness of interest in pursuits and aims and a reciprocal exchange of general and specific knowledge.

No one would advocate abandoning the pariotism that fosters pride in the achievements of one's own countrymen, but to harbour the idea that all future advance is the exclusive patent of one's own country betokens a form of arrogance rooted in provincialism. After all, progress in the various fields of science is almost universally the composite accomplishment of persons of many countries, and it would be unfair to acclaim any particular achievement as the work of one man or even one nation.

It is in the long run productive of good for mankind to investigate frankly what other nations, especially our neighbours, are doing in the various lines of human endeavour. And surely in no field can observation prove more directly beneficial than in the medical profession, particularly in surgical and hospital technique.

Editorial by MAX THOREK, M.D., F.I.C.S. In The Journal of the International College of Surgeons.

Economies

Among the various economies which are being urged upon us, very little attention seems to be paid to the economy of time. In a great many hospitals there is a shortage of nursing staff. What steps have been taken to save time by better organization? Nurses are admittedly a hardworking body, but is method one of their strong points? In practice, of course, there are often too many rules for either the ward sister or the nurses to be able to display initiative in that direction. Then there are the porters. Traditionally they are the dog's body of the hospital. Co-operation and consideration seasoned with forethought would give the steward a less trying time and enable him to carry on the work with an attenuated staff. Incidentally it would be interesting to hear of the experiences of hospitals where there has been an introduction of women. The first place where they have been substituted for men, in some hospitals, has been in the kitchen, but where next? Whether it be men or women, the main point is that the work be organized so that economy of time has its place in the war-time effort.

—Hospital and Nursing Home Management.

Index of Advertisers

OCTOBER 1942

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